	STAT	TE OF	MARYL	AND	
ADTMENT	OF	MEAT	TH AND	MENTAL	M

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

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>		REGISTRAR				CERTIF	ICATE OF D	EATH		REG. NO.			1	
		CEASED NAME	FIRST	^	AIDDLE	l	AST		2a. DATE O	FDEATH MC	ONTH DA	AY YEAR	26 HOU	R
			Jaco	ob		Aba	ajian		06/	15/82			4:4	8PM
	1.58	MALE	Í	WHITE		DECT-	15, DAY 19	925 ^{EAR}	6 AGE (IN)	EARS LAST BIRTHD		FUNDER I YEAR	IF UNDER	MIN.
7	7a. Bi	EGYPT.	EIGN 7	CANADA		MARRIEI	D NEVER M	AARRIED X	9 BALTIMO	RE CITY OR		OF DEATH		MD
17	10. CI	Baltimor			HOSPITAL, NUR H FACILITY, GIVE STE NS HOD	REET ADDRESS)			AGENT	OCCUPATION K FOR MOST OF W	ORKING LIFE)	ATRLI	F BUSINE	SSOR
3	13a. S	UEBEC, CANAD	COUNT	THER INSTITUTION	GIVE RESIDENCE BEI	FORE ADMISSION)	13d. INSIDE CI YES		133475E	ADDRESS Mo	ntagn	ne St.	Apt.	602
1	III. FA	HATG	M	IDDLE	ABAJI'ÂN		15. MOTHER'S	MAIDEN NAM	ME	WIODIE	СНА	HRIKIÄ	N	
3	16a V	VAS DECEASED EVER IN VES. NO OR UNITO (NED FORCES? WAR OR DATES)	200-90		HENRY	SIMON	507 P1	ace D'		MONTRE	AL,	CAN.
7	CERTIFICATION	Conditions, if ony, w gove rise to immed cause (a), stating	which diate the lost.	DUE TO, OF	RAS A COMSEC	COUPLE OF BUT	ACO NOT RELATED	LOTER	t	- Vener	Ob. IF YES,	WERE FINDIN ING CAUSES	CHO IGS USED	H?
2	MEDICAL CERT	21a. ACCIDENT WAS UNDER! OR CONTRIBUTING CAU (IF EITHER NOTIFY MEDICAL 21d. IN JURY OCCURRED WHILE NOT WHILE AT WORK AT WORK 22a certify that III 10 decented above 11 we [did 77e SION) URE	SE OF DEATH	P.A. 21e. PLACE C (AT HOME, STRI	M. MONTH M. DF INJURY EET, FACTORY, OFFICE deceased from	19 CE, FARM, ETC) m G , an	211. LOCATIO STREET	our) opinion d	, to death occurre	CITY OR TOWN	, 19 ond hour o	COUNTY	shat (1) (w	TATE we) fost
/	-	Inwestity	e into	Sucition	CAN		22e ADDRESS	HOPKU	Hen	- PUR	2,6	3 MIC	ROLD	wty
		URIAL CREMATION, RE URIAL /REMO		23b. DATE 6-21-			AL CEME		MON'I		QUEBE	C, CAN	ADA S	TATE

DHMH-16 30M 2/80 (VRA 15, 4)

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IMPORTANT: If Hem 21 is marked or Hem 18 shows any injury, or other traumatic event, the TO FUNERAL DIRECTOR: After this certificate has been signed by the ottending physici should be detached for use as the burial-transit permit. Then please remove corban paper with the State Dept, of Health and Mental Hygiene prior to burial, cremation, or removal.

24 FUNERAL DIRECTOR SOL LEVINSON & BROS. 6010 REISTERSTOWN, RD. BALTIMORE, MD. (21215)

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REGISTRAR

DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

REG. NO

		CEASED NAME	FIRST		MIDDLE		AST		20. DATE OF DEATH	MONTH	DAY YEAR	2b HOUR
	(TYPE	OR PRINT)	Heler	ne Del	la Sag	gan .	Adams	351.0	June	3, 19	82	1:30 PM
	3. SE)	(4. RACE		5. DATE C			6. AGE (IN YEARS LAST	BIRTHDAY)	IF UNDER LYEAR	IF UNDER 24 HRS
	I	Female		Whi	te	May		1 91 6	66	YRS	MONTHS DAYS	HOURS MIN
1	70 BI	RTHPLACE (STATE	OR FOREIGN	76 CITIZEN OF	WHAT COUNTRY	2 8	NEVER MA		9 BALTIMORE CITY	OR COUNT	Y OF DEATH	
57	Ne	ew York		U.S.	Α.	WIDOWE		ORCED [Balti	more	City,	MD.
10	10 C1	TY OR TOWN OF E	DEATH		HOSPITAL, NURSI		R OTHER INSTIT	NOITUT	12a. USUAL OCCUPA		126. KIND O	F BUSINESS OR
5		Baltimo:		South	Baltir	nore	Gen'l.	Hosp	Homem			Home
00	13a. S	AL RESIDENCE (IF N	IN COUN	VIY	130 CITY OR TO	RE ADMISSION)	13d. INSIDE CIT	Y LIMITS?	13e SIREET ADDRESS	(A	pt. E)	
	_	aryland	A.	Α.	Gien B	urnie	YES 🔲 N	40 X	408 Hid	eaway	Loop	
3	14 FA	THER'S NAME		WIDDLE	LAST		15 MOTHER'S	MAIDEN NAM	AE MIDDLE	5 141		
KL,	/_	Unknow	n		Jodoin			MELIA			Unknow	
7		VAS DECEASED EV		MED FORCES?	166. SOCIAL SEC		17 INFORMAN		,		_	ht Dr.
-		No		V/A	021.22	.8198	Mr. L	eon F	. Sagan	Anna	polis,	MD.
		18 CAUSE OF DE	ATH Enter or	nly one couse per	ling or 10 b. a	nd (c)				Maria I	APPROXI	MATE INTERVAL DNSET AND DEATH
		PART I. DEATH		E CAUSE (o)	LE 8711	HTOI	ZY AM	NESI				
	9.	431	0		R AS A CONSEOU	IENCE OF			S 1 10000			
		Conditions, if o	ny, which	(b)	CERET	3RO V	ASCUL,	AR 1	96CISENT			
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		underlying car		DUE TO, OF	R AS A CONSEOL	JENCE OF						
		PART 2 OTHER SI	GNIFICANT (ONDITIONS CO	ONTRIBUTING TO	DEATH BUT	NOT RELATED I	O THE TERMI	NAL DISEASE OR CO	NDITION GI	VEN IN PART LIE	
	N O	CIRRH	2515	+ LIVE	2 : ASCI	TEC . 1	PORTAL	HYPED	75 N. (IAN)	FSOPH	HAGEAL.	VADICES
	AT	190 DATE OF OPE	RATION	196 CONDI	TION FOR WHICH	OPERATIO	N WAS PERFOR	MED	200 AUTOPSY?		S, WERE FINDIN	
	CERTIFICATION								YES NO		FYING CAUSES	OF DEATH?
7	CER	21a. ACCIDENT WAS	-		FINJURY M. MONTH C	NAV VEAD	21c HOW INJU	JRY OCCURRE	ED (EGTER NATURE OF IN	JURY IN ITEM 18	PART 1 OR PART 2)	
of	AL	OR CONTRIBUTING [AY YEAR						
	MEDICAL	21d INJURY OCC		21e PLACE	OF INJURY	-	211 LOCATION	1				-
	¥	WHILE NOT	WHILE WORK	(AT HOME STR	EET FACTORY OFFICE.	FARM ETC)	STREET		CITY OR	OWN	COUNTY	STATE
P	-	22a.1 certify that	(I) (this hospi	tol) attended the	e deceased from	man	23	1982	to hine	3	19 82	that (I) (we) lost
	1	sow the dece	osed plive on	sune.	3 19	82/	id that in (my) (o	our) opinion d	eath accurred on the	date and how		, , ,
		226. SIGNATORE) (did no	view the body	after death.		DEGREE				22c DATE	
		\ Xu	Set	Juan Si	1			TENDING HYSICIAN	MEDICAL ST DIRECTOR PHYS	AFF	6/2	182
		27d. PHYSICIAN'S	NAME (TYPE C				22e ADDRESS	ITSICIAN [DIRECTOR PHTS	ICIAN LY	10/5	7
		HETZ	BETZT	SUF	712BE		Joute	e Bul	himore Sen	war	Naspi	tal
		URIAL, CREMATIO	,	7 June	23 ₄	NAME OF C	est Men	EMATORY Cem	23d. LOCATION		COUNTY	State
		htombme	100	1 /					Annapo			MD.
	24 FL	INERAL DIRECTOR	1 600	war.	Home	Glen	Burnie	25a. DATE	REC'D. BY REGISTRA		(VA	Parther
		Single	ton r	uneral	номе	MD.		' Jl	JN 8 1982	GHAN	0	

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TO FUNERAL DIRECTOR

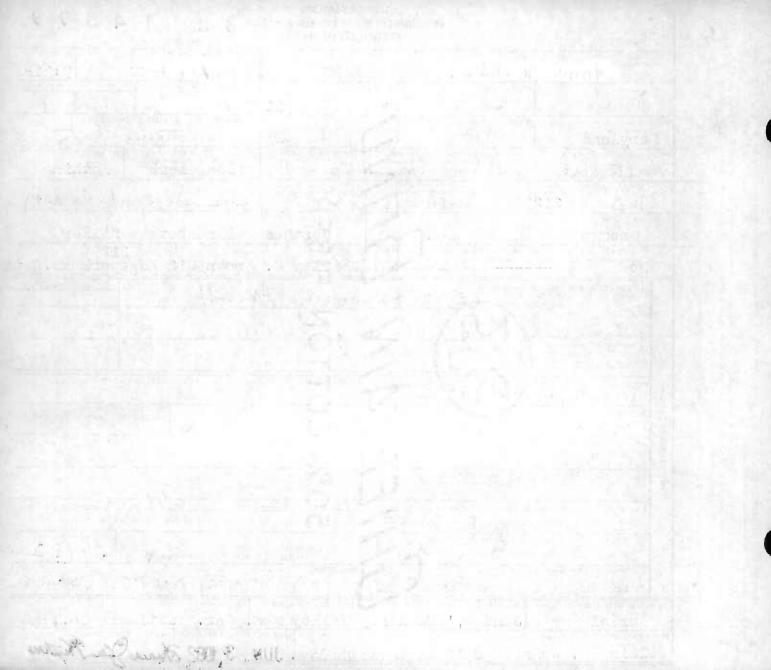
should be detached for use as the burial-transit permit. Then please remaye a with the State Dept. of Health and Mental Hygiene prior to burial, cremation.

OR ATTENDING PHYSICIAN

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h -	1 -	FOR STATE REGISTRAR			DEPART	MENT OF H	E OF MARYLAND HEALTH AND MENTAL HYO HICATE OF DEATH	GIENE 8 2) 4	15	97
X /		CEASED NAME	FIRST		MIDDLE		AST	2a. DATE OF DEATH	MONTH DAY	YEAR	25. HOUR
4 40			TOHIN		HENRY		ADAMS JR.		6 8		8 30 8 AM
	3. SE)		4. RA			5 DATE (H DAY YEAR	6 AGE (IN YEARS LAST BIRT		UNDER I YEAR	IF UNDER 24 HRS HOURS MIN
- 1 P(1 PM)		male		whit		Oct	ober 10,1894	87	YRS		
O NICO	C	RTHPLACE ISTATE OR FOR BUNTRY) Balto.Md.			WHAT COUNTRY?	WIDOW		Baltimore City o	re City		MD.
by the filed with		ry or town of DEAT Baltimore		Balt	HOSPITAL, NURSII CHEACILITY, GIVE STREE CIMOTE CI		Spitals	(TYPE OF WORK FOR MOST O Machinis	F WORKING LIFE)	126 KIND OF INDUSTRY	F BUSINESS OR
filled in gold be in most be	13a. S	LRESIDENCE (IF NURSIN TATE	G HOME OR OTHER	RINSTITUTION	Baltimo	VN .	138 INSIDE CITY LIMITS?	13e STREET ADDRESS 2212 Bost	on Stre	et	
orthur orthur 2 sh	14 FA	THER'S NAME	WIDDLE		LAST		15 MOTHER'S MAIDEN NA	ME MIDDLE		1451	
MAN be ond	1	John	H.		Adams	3	Lelia	Verno	n	Stii	Ef
ORE,		AS DECEASED EVER IN	U.S. ARMED		166 SOCIAL SEC	JRITY NO.	17 INFORMANT	ADDRE	SS	100	•
iMOR oe exe oe exe on and of		es	WWI		215-09-3	061	LeRoy E.Gerd	ing, Jr.1107	NorthP	oint, F	Blvd.Bal
DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 212D ING PHYSICIAN. The low requires that the death certificate be executed within 24 hours ratherding physician. When this certificate has been signed by the attending physician and completely filled in by as the burial-trions permit. Then please remove carban papers. Pages 1 and 2 should be fill this and Mental Hygiene prior to burial, cremation, or removal. Our steed or them 18 shows ony injury, or other traumatic event, the medical examiner mast be fill or the medical examiner.	Z		which ediote the last	(b)		ENCE OF	NOT RELATED TO THE TERM	MINAL DISEASE OR CON	DITION GIVEN	IN PART 1(o	
TAL RECORD The low requicion. The has been so statement. The green prior to shows only in it.	CERTIFICATION	SEVERE					N WAS PERFORMED	200 AUTOPSY? YES P NO	206. IF YES, V IN CERTIFYIN YES [VERE FINDIN	
OF VITA (CIAN: The graphysicie errificate incl-tronsit intol Hygie fem 18 sho		210 ACCIDENT WAS UNDE OR CONTRIBUTING CA (IF EITHER, NOTIFY MEDICAL	USE OF DEATH	21b. TIME C HOUR A. P.	M. MONTH D	AY YEAR	21c HOW INJURY OCCUR	RED (ENTER NATURE OF INJUR	Y IN ITEM 18, PART	(OR PART 2)	
IVISION UG PHYS offer this can the burner of the burner	MEDICAL	21d INJURY OCCURRE WHILE NOT WHI AT WORK AT WORK	E []	PLACE (AT HOME, STI	OF INJURY REET, FACTORY, OFFICE,	FARM, ETC.)	21f LOCATION STREET	CITY OR TOV	/N	COUNTY	STATE
TTENDIN TTENDIN TOR Ad for use of af Heolt		22a I certify that (1) (sow the deceased abave, (1) (we) (di	alive an	10/	8 10	82.	nd that in (my) (oor) opinion	deoth accurred on the de	te and hour o		that (I) (we) last causes stated
by the hos by the hos ERAL DIREC e detoched Stote Dept.		22b. SIGNATURE	red	ma	g NID		DEGREE ATTENDING PHYSICIAN {	MEDICAL STAI	F IAN X	6 / C	8/82
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BP Or S M	(:	urial, cremation, r Burial	EMOVAL 23	June			t Church Cem.	23d LOCATION CITY OR TOWN Christchu	roh Mi	UNIY	STATE Va.
DHMH - 16 50M 1/76 (VR A 15 (4))	24 FU Mit	ineral director chell-Wied	efeld H	Home (6500 Yorl	Rd.	Bal.Md.	1 4 1982	REGISTA	POSISIONATO	JRE

J.C. Brownian nice or the constant and discontinuous for \$50,000 for 100 and 10 S. --148 . All .5 inchang 701.70; 12 78 .5 0 .comback. .comback. In the same transfer and the same transfer and



STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIEI - STATE MEDICAL EXAMINER'S CERTIFICATE REGISTRAR 1. DECEASED NAME 20 DATE KNOWN (TYPE OR PRINT) OF ESTI-Clarence Alban IF ANY DELAY IS NECESSARY, PIEASE, AND 3 TO THE FUNERAL DIRECTOR STETAN PAGE 5 FOR YOUR FILES SHOULD BE FILED WITHIN 72 HOURS BEFORDS, 201 W. PRESTON STREET, DEATH MATED 82 19 24 HOUR 3. SEX 4. RACE DATE OF BIRTH & AGE (IN YEARS | IF UNDER 1 YR. IF UNDER 24 HRS DATE LAST BIRTHDAY) YEAR PRONOUNCED 82 Male White 19 DEAD JE BIRTHPLACE (STATE OR 76 CITIZEN OF WHAT COUNTRY? 9 BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED FOREIGN COUNTRY) DIVORCED Baltimore City Maryland WIDOWED 10. CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL, NURSING HOME, OR OTHER INSTITUTION 120 USUAL OCCUPATION (TYPE OF WORK OR INDUSTRY Retired Baltimore Park Avenue XAMINER ALONG WITH FORM PM 3. RETAIN I CAMINER ALONG WITH FORM PM 3. RETAIN I SETAIN I PERWIT. PAGES I AMD 2 SHOULD BE MENTAL HYGIENE, DIVISION OF VITAL RECORDS. 13d. INSIDE CITY LIMITS? 13e, STREET ADDRESS 13b COUNTY 13c. CITY OR TOWN 828 Wellington St. Baltimore 21211 YES TO NO [Maryland 14. FATHER'S NAME 15 MOTHER'S MAIDEN NAME MIDDLE MIDDLE LAST Clarence Alban Sophie Ruby 17. INFORMANT ADDRESS 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO. (YES, NO, OR UNKNOWN) I HE YES GIVE WAR OR DATES Yes 218-01-2049 Mrs. Ruth Marzullo 911 Lake Ave. 21212 18 CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BETWEEN ONSET AND DEATH PART I DEATH WAS CAUSED BY: Arteriosclerotic cardiovascular disease IMMEDIATE CAUSE (a). DUE TO, OR AS A CONSEQUENCE OF gave rise to immediate cause (a) stating the under-DUE TO, OR AS A CONSEQUENCE OF lying cause last. PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (a) CERTIFICATION FORWARDED TO THE CHIEF MI TOR: PAGE 3 SHOULD BE USED A ITHE STATE DEPARTMENT OF HEA JAND, 21201 PRIOR TO BURIAL, C. 19a DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED? 20 AUTOPSY? NO 210 EXTERNAL CAUSE WAS 216 TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2 HOUR A.M. MONTH DAY YEAR UNDERLYING CONTRIBUTING CAUSE OF DEATH PM 214. INJURY OCCURRED 21e PLACE OF INJURY (AT HOME. 211. LOCATION TO MEDICAL EXAMINER: THIS CE EXECUTE THE CERTIFICATE, WRITH PAGE 4 SHOULD BE FORWARDEI TO FUNERAL DIRECTOR; PAGE 3 AFTER DEATH, WITH THE STATE DE BALTIMORE, MARYLAND, 21201 P STREET, FACTORY, FARM, ETC.) STREET CITY OR TOWN COUNTY STATE WHILE AT WORK TO AT WORK 220. I certify that I took charge of the remains described above, held an Autopsy Inspection Hamicide ___ Undetermined manner death resulted fram: Natural couses TITLE (SPECIFY) ACTUAL Assistant MEDICAL EXAMINER 6/9/82 SIGNATURE EXAMINER'S NAME 23d LOCATION 230 BURIAL CREMATION REMOVAL 236 DATE STATE Burial 6/10/82 Parkwood Cemetery Baltimore Md. 74. FUNERAL DIRECTOR 250. DATE REC'D. BY REGISTRAR & REGISTRAR'S SIGNATURE **DHMH - 17** A.Alan Seitz, Jr. Funeral Home 3818 Roland Ave. (VR A15 ME (5)) 20M 4/B2

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STATE OF MARYLAND

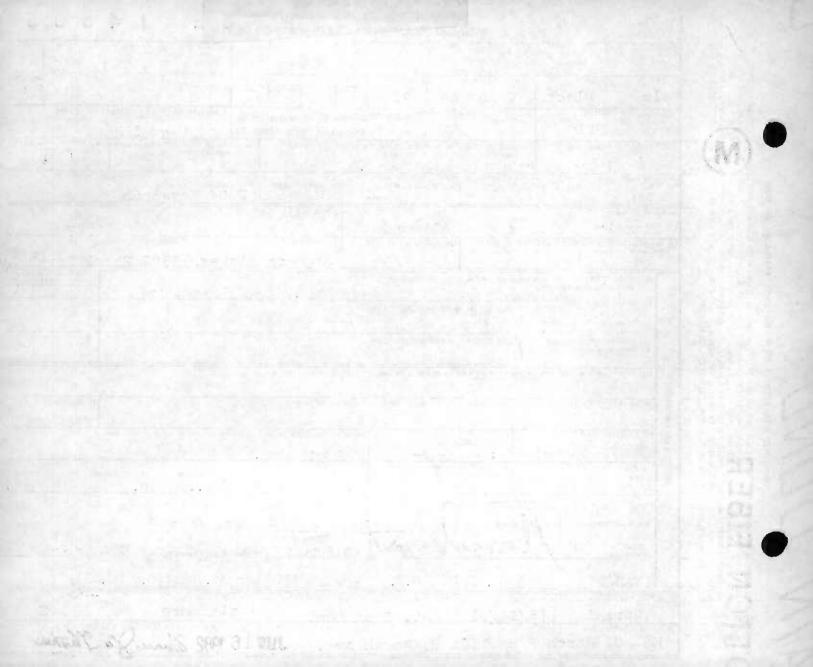
DEPARTMENT OF HEALTH AND MENTAL HYGIENE

1	1	REGISTRAR					CERTIF	ICATE OF	DEATH		REG. N		To a		
5		CEASED NAME	FIRST	N	AIDDLE		L	ASI		20 DATI	OF DEATH	MONTH	DAY YEAR	2b. H	DUR
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	3, 583	X	4. RA	/CF			S. DATE C		YEAR	6 AGE	IN YEARS LAST BIR	THDAY)	IF UNDER I YEAR	IF UNE	-
	-	emale		White	e `		1	ıî	1917	7	65	YRS.	MONTHS DATS	HOUR	MIN.
>	Ja. Bt	RTHFLACE (EMIEDIA	Th. C	ITIZEN OF V	WHAT COU	NTRY?	MADDIE!	NEVER	MARRIED -	9 BALTI	MORE CITY C	R COUNT	Y OF DEATH		
15	Vi	rginia		U.S.A			WIDOWE	D	NORCED [R Ba	ltimo	re C:	ity		MD.
31	200	it or town of DEA		LIFE OT IN SUCH	H FACILITY, GIV	E STREET AD	DRESS)	spit		(TYPE OF	AL OCCUPAT WORK FOR MOST O Lemake:	F WORKING L	12b. KIND (INDUSTRY		NESS OR
3	Ma	AL RESIDENCE IN NURS STATE Tryland		RINSTITUTION		R TOWN	DMISSION)	13d INSIDE YES [CITY LIMITS?	13e. STRE	ET ADDRESS	ore I	Road		
38	14. F.A	Ernest	MIDDLI	E	Finc	cham			rs maiden n.	AME	WIDDLE		Cor	bin	
-		VAS DECEASED EVER	IN U.S. ARMED		166 SOCIA	L SECURI	TY NO.	17 INFORM	ANT		ADDR	ESS 802	9 Sho	re :	Road
and the	No)			214-	22-7	7036	Jean	M. A	lley		Bal	to., 1		2121
	ATION	Canditians, if any, gave rise to imm cause (a), statin underlying cause PART 2 OTHER SIGN 19a DATE OF OPERAL	which nediate g the last.	oitions <u>co</u>	LAS A CON LAS A CON UN LAS ENTRIBUTIN	ISEQUEN IG TO DE	CE OF Mens ATH BUT	A LOT NOT RELATE	MOS D TO THE TER		EASE OR CON	20b. IF YE	VEN IN PART 1	INGS US	SED
7	CERTIFICATION	2)g. ACCIDENT WAS UND	DERLYING	21b. TIME OF	FINJURY			121c HOW I	NJURY OCCU	YES [Y	FYING CAUSE	S OF DE	
9	MEDICAL C	OR CONTRIBUTING C	CALEXAMINER)	P.A		H DAY	YEAR 19			(6)416			TANT ON ALL		
1	MED	21d INJURY OCCURR	ILE 🗆	PLACE C		OFFICE, FARI	M, ETC.)	211 LOCAT			CITY OR TO	NWN	COUNTY		STATE
		220.1 certify that (1) saw the decease abave, (1) (we) (c	d alive an	6/	2	19 S			, 19 8 7 (aur) apıniar	, ta_	urred on the d	ate and ha	ur and Iram the	e causes	
		22b. SIGNATURE	deld	202				DEGREE	ATTENDING PHYSICIAN	MEDIC DIRECT	AL STA		22c. DATE	SIGNE	82
		22d. PHYSICIAN'S NA	ME (TYPE OR PRIN	He	il	m		Ba	etim	re	Cut	y H	08 G	1	
	23a B	BURIAL, CREMATION, (SPECIFY) Burial		6/7/1	.982			athec	CREMATORY		CATION CITY OR TOWN	re	COUNTY	Mar	state yland
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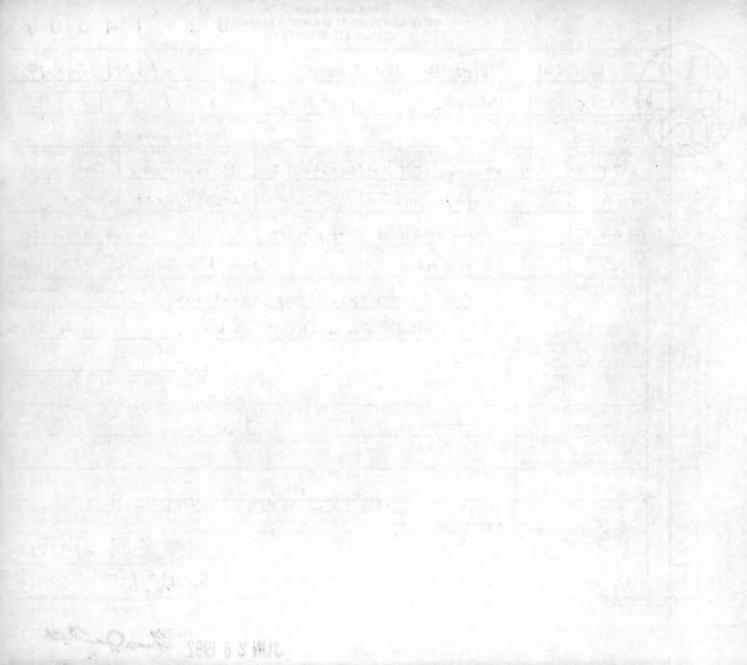
FOR ARTMENT OF HEALTH AND MENTAL HYGIENS - STATE REGISTRAR DECEASED NAME 20 DATE KNOWN TX 2b HOUR (TYPE OR PRINT) ESTI-TERRY DEATH MATED ALL MOND 1982 3 SEX 4. RACE S DATE OF BIRTH & AGE (IN YEARS IF UNDER 24 HRS DATE 24 HOUR LAST BIRTHDAY) PRONOLINCED 10:40 Male Black 60 22 DEAD 1982 TO BIRTHPLACE (STATE OR Th CITIZEN OF WHAT COUNTRY? 9. BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED FOREIGN COUNTRY) MD USA WIDOWED DIVORCED Baltimore City ID CITY OR TOWN OF DEATH 11 NAME OF HOSPITAL NURSING HOME OR OTHER INSTITUTION 12a USUAL OCCUPATION CLYPE OF WORK 112b KIND OF BUSINESS OR INDUSTRY FOR MOST OF WORKING HEFT Baltimore Woodbrook & Orem Aves USUAL RESIDENCE (IF IN NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION 13a STATE 1136 COUNTY 13c. CITY OR TOWN 13d. INSIDE CITY LIMITS? 13e STREET ADDRESS SIT PERMIT, PAGES I AND 2 SHOUL HYGIENE, DIVISION OF VITAL RECO 2804 Keyworth MD Baltimore 14. FATHER'S NAME 15 MOTHER'S MAIDEN NAME MIDDLE MIDDLE Timothy Allmond Emma Bagby 16a WAS DECEASED EVER IN U.S. ARMED FORCES? 16h SOCIAL SECURITY NO 17 INFORMANT ADDRESS (YES, NO. OR UNKNOWN) No N/A Barbara Flowers 5302 Ethel Berth 18. CAUSE OF DEATH (Enter only one cause per line far (a), (b), and (c).) BETWEEN ONSET AND DEATH PART I DEATH WAS CAUSED BY Gunshot wound of head (unspecified weapon) IMMEDIATE CAUSE (a). DUE TO, OR AS A CONSEQUENCE OF Canditions, if any, which gave rise to immediate couse (o) stating the under DUE TO, OR AS A CONSEQUENCE OF lying couse lost. DIVISION OF VITAL RECORDS, 201 PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH RUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 to 1 CERTIFICATION 19a DATE OF OPERATION 19% CONDITION FOR WHICH OPERATION WAS PERFORMED? 20 AUTOPSY? PRIOR TO BUR! YES X NO DEPARTMENT 21a EXTERNAL CAUSE WAS 216. TIME OF INJURY 21c HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) HOURXAXX XIONTH DAY YEAR UNDERLYING OR CAUSE OF DEATH MEDICAL 10:30m 6-13-Subject shot 21e PLACE OF INJURY (ATHOME IL LOCATION 21d INJURY OCCURRED TO MEDICAL EXAMINER: THIS CEREXECUTE THE CERTIFICATE, WRITIN PAGE 4 SHOULD BE FORWARDED TO FUNERAL DIRECTOR: PAGE 31 AFTER DEATH, WITH THE STATE DE BALLIMORE, MARYLAND, 21201 P STREET, FACTORY, FARM, ETC.) STATE COUNTY WHILE AT WORK street Woodbrook & Orem Aves. Balto. Md. 22a I certify that I took change of the rema Inspection death resulted from Undetermined monner TITLE (SPECIFY) ACTUAL MD Deputy ChiefeDICAL EXAMINER 6-14-82 SIGNATURE EXAMINER'S NAME Thomas D. Smith, M.D. 111 Penn St., Balto., Md. 21201 (TYPE OR PRINT) 230 BURIAL CREMATION REMOVAL 236 DATE MD Baltimore Burial 6/18/82 Zion Cem 24. FUNERAL DIRECTOR 250. DATE REC'D. BY REGISTRAR 256. REGISTRAR'S SIGNATURE **DHMH - 17** 1101 E. North Ave. C. March F/H (VR A15 ME (5))

20M 4/82



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	1	500		STATE OF MARYLAND	45 6	
	1.	FOR - STATE REGISTRAR	DEPART	MENT OF HEALTH AND MENTAL HYC CERTIFICATE OF DEATH	REG. NO	4607
		CEASED NAME FIRST	WIDDLE	LAST		DAY YEAR 26 HOUR
nay be page 3 r death	(TYP)	B- GCIVI	TANYA	AMBROSE	61	9/82 8.19 m
e 4 maj	3 SE	Female	Black	S. DATE OF BIRTH	6 AGE (IN YEARS LAST BIRTHDAY)	IF UNDER LYEAR IF UNDER 24 HRS
Pog N		IRTHPLACE ISTATE OR FOREIGN	76 CITIZEN OF WHAT COUNTRY	12	9 BALTIMORE CITY OR COUNTY	Y OF DEATH
le oth.	N	longland	U.S.A.	MARRIED NEVER MARRIED	Baltimore	City MD.
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TSION The centre of the burn and Mere a	MEDICAL	21d. INJURY OCCURRED	21e PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE,	FARM, ETC.) 21f. LOCATION STREET	CITY OR TOWN	COUNTY STATE
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(VR A 15 (4))		NAME GAL	To Cott	HORRO JU	N 2 8 1982 France	7



24 Strimunek Funeral Home, Inc.

3331 Brehms Lane, Balto., Md. 21213

DHMH - 16 50M 1/B1 (VRA 15, 4)

REGISTRAR

DECEASED NAME

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

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Hubbard Funeral Home, Inc. 4107 Wilkens Ave.

(VRA 15, 4)

STATE OF MARYLAND
DEPARTMENT OF HEALTH AND MENTAL HYGIENE

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MARYLAND STATE DEPARTMENT OF HEALTH

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	AND BUREAU				

STATE OF MARYLAND FOR DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE CERTIFICATE OF DEATH REGISTRAR DECEASED NAME 20. DATE OF DEATH MONTH 2h HOUR TYPE OR PRINTS June 14,82 MAURICE I. 3 SEX 6. AGE (IN YEARS LAST BIRTHDAY) IF UNDER I YEAR 75 BALTIMORE CITY OR COUNTY OF DEATH BALTIMORE CITY 17n USUAL OCCUPATION 12b. KIND OF BUSINESS OR (TYPE OF WORK FOR MOST OF WORKING LIFE) CHAUFFEUR TAXI CAB APT. G 13e. STREET ADDRESS 1 HIAWATHA CT. #21117 UNKNOWN 17 INFORMANT MRS. JEAN APPIETS 1 HIAWATHA CT., OWINGS MILLS, MD 21117 AMMEDIATE CAUSE 10) TRACHED - BRONCHIAL & GASTROINTESTINN. HEMORRHAGE CHRONIC RENAZ FAILURE CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART TO IRRITABILITY 28a AUTOPSY? 286. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18. PART 1 OR PART 2) CITY OR TOWN COUNTY STATE .19 Pb and that in (my) (aur) apinian death accurred an the date and haur and Iram the causes stated 22c DATE SIGNED STAFF June 14,82 DIRECTOR PHYSICIAN N Hospital 23L NAME OF CEMETERY OR CREMATORY 230 BURIAL, CREMATION, REMOVAL 23b. DATE 23d LOCATION (SPECIFY) BURIAL

DHMH - 16-50M-1/81 (VRA 15, 4)

24 FUNERAL DIRECTOR

SOL LEVINSON & BROS., INC.

JUNE 16.1982 PROGRESSIVE BENEFIT &

6010 REISTERSTOWN RD. JUN 22 198

RANDALLSTOWN BALTO. MD

RELIEF ASSOC. 250 DATE REC'D. BY REGISTRAR 256. REGISTRAR

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STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE SA CERTIFICATE OF DEATH 20 DATE OF DEATH MONTH 2h HOUR 6 AGE UN YEARS LAST BIRTHOAY IF UNDER I YEAR 9 BALTIMORE CITY OR COUNTY OF DEATH BAUTIMORE 120 USUAL OCCUPATION 17h KIND OF BUSINESS OR TYPE OF WORK FOR MOST OF WORKING LIFE INDUSTRY PUASTICOND SUMPLLER mo CORURAN VOSCULON ACTIOENS 20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? YES [21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) CITY OR TOWN COUNTY STATE _, and that in (my) (our) opinion death occurred on the date and hour and from the causes stated STAFF PHYSICIAN DIRECTOR PHYSICIAN

ISTRAIL 256 REGISTRAR'S SIGNATURE

DHMH - 16 50M 1/BI (VRA 15. 4)

- STATE

REGISTRAR

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STATE OF MARYLAND

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24 FUNERAL DIRECTOR

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REGISTRAR

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

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2a. DATE OF DEATH

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26 HOUR 82

12h KIND OF BUSINESS OR

LAST

5. DATE OF BIRTH AGE (IN YEARS LAST BIRTHDAY) IF UNDER I YEAR YEAR 13 68

BALTIMORE CITY OR COUNTY OF DEATH

TYPE OF WORK FOR MOST OF WORKING LIFET

MARRIED NEVER MARRIED DIVORCED [BALTIMORE CITY

11. NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION

BALTIMORE GENERAL HOSP

HOMEMAKER 13e STREET ADDRESS 13d. INSIDE CITY LIMITS?

RAMBO

15 MOTHER'S MAIDEN NAME MIDDLE ANNIE SCHEELER

16b SOCIAL SECURITY NO 17 INFORMANT ADDRESS JAMES F. ASH, SR. 813 RAMBO COURT 21227

APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH 18 CAUSE OF DEATH Enter only one couse per line for (a), (b), and (c) IMMEDIATE CAUSE (0) CARDIO PULMONARY ARREST DUE TO, OR AS A CONSEQUENCE OF EXCHRONIC OBSTRUCTIVE LUNG DISEASE DUE TO, OR AS A CONSEQUENCE OF METASTATY CARCINOMA OF PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 11g

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HOUR A.M. MONTH DAY YEAR

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22e ADDRESS

DEGREE 22c. DATE SIGNED ATTENDING MEDICAL PHYSICIAN DIRECTOR PHYSICIAN

HANDUER STIEGT. 21230.

230 BURIAL, CREMATION, REMOVAL 23c. NAME OF CEMETERY OR CREMATORY 23b DATE BURIAL 06 - 14 - 82MEADOWRIDGE MEM. PK. ELKRIDGE HOWARD

HUBBARD FUNERAL HOME, INC. 4107 WILKENS AVE.

21229

DHMH - 16 50M 1/B1 (VRA 15, 4)

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STATE OF MARYLAND

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DHMH - 16 50M 1/BI

(VRA 15, 4)

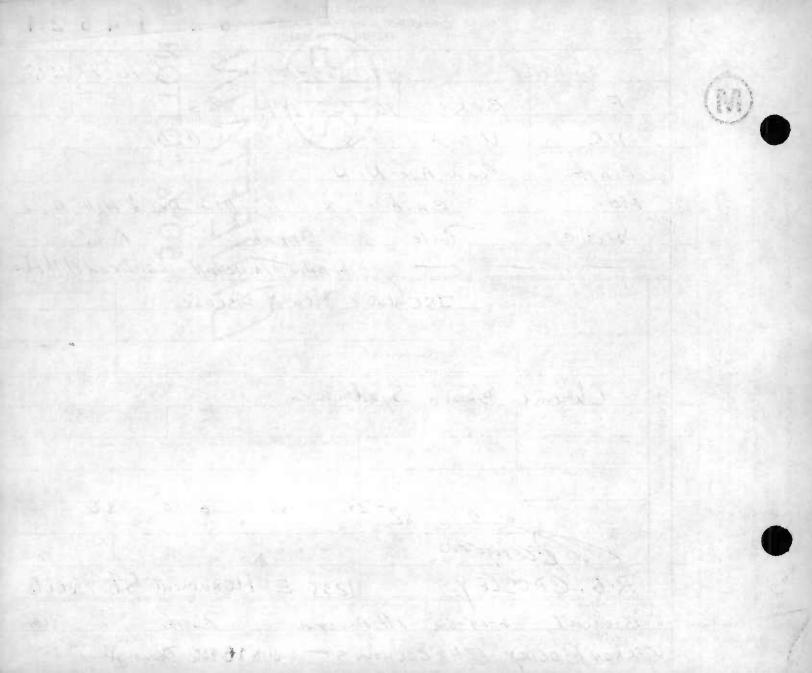
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CERTIFICATE OF DEATH

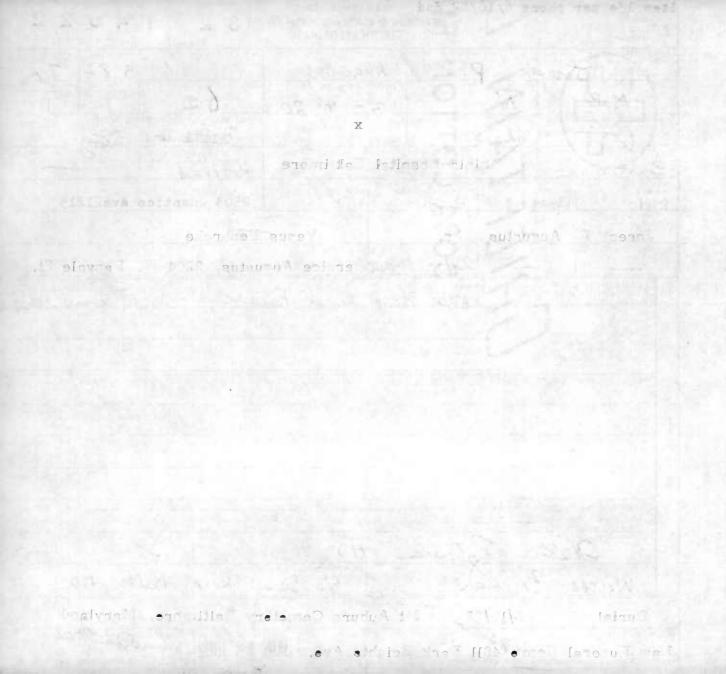
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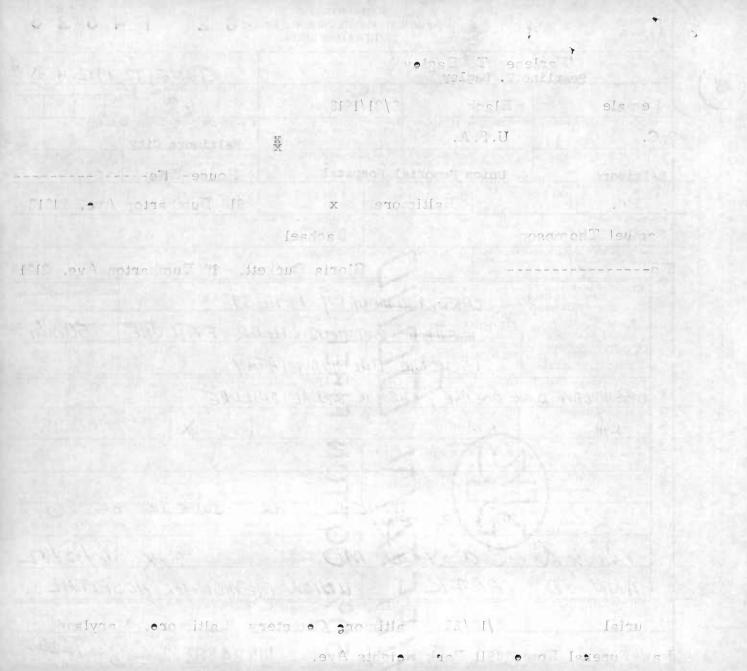
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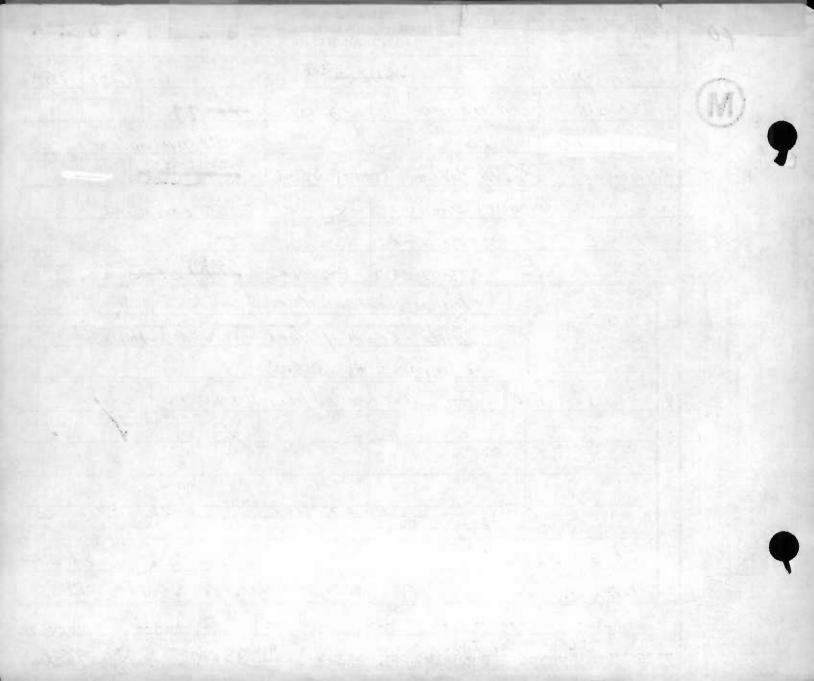
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IMPORTANT	22d. PHYSICIA		EALCHA!	V	22e ADDR	PHYSICIAN [DIRECTOR [PHYSICIAN T	lto., MI	>.
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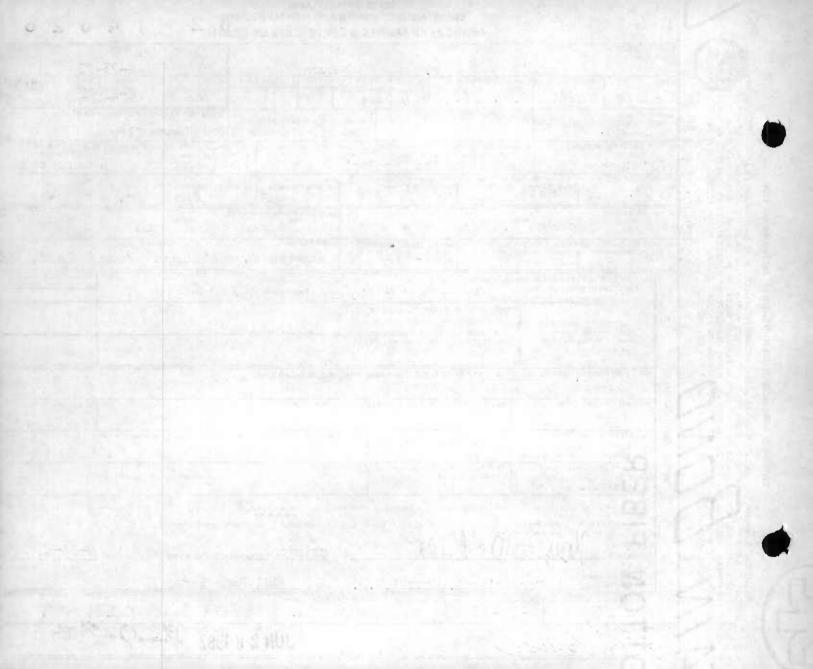


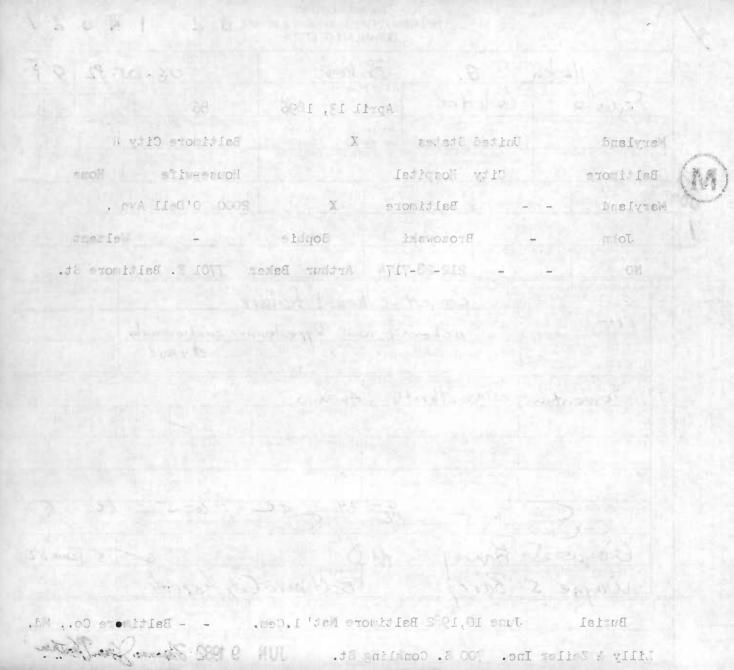
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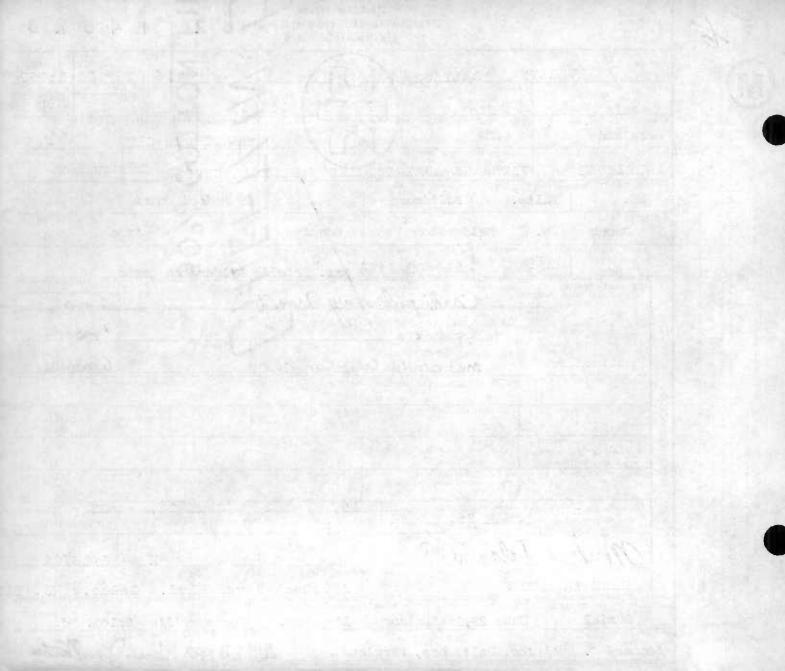
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STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE MEDICAL EXAMINER'S CERTIFICATE OF DEATH REGISTRAR 20. DATE KNOWN XX DECEASED NAME FIRST MONTH (TYPE OR PRINT) ESTI-DEATH MATED Isabel Bakeoven 6-23-8219 4 RACE 3 SEX DATE OF BIRTH 6. AGE (IN YEARS IF UNDER TYR IF UNDER 24 HRS DATE 6-23-82 PRONOUNCED Female White Oct. DEAD To BIRTHPLACE (STATE OR 76 CITIZEN OF WHAT COUNTRY? 9. BALTIMORE CITY OR COUNTY OF DEATH FOREIGN COUNTRY) MARRIED NEVER MARRIED USA □ | Baltimore City WIDOWED DIVORCED 10 CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL, NURSING HOME, OR OTHER INSTITUTION 126 KIND OF BUSINESS OR INDUSTRY Taxi Driver 2, AND 3 TO 1 3. RETAIN PA 2 SHOULD BE F Baltimore Johns Hopkins Hospital Transport USUAL RESIDENCE (IF IN NURSING HOMEOR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) 130 STME. NECOUNTY 1.3d. INSIDE CITY (AMITS? 13e STREET ADDRESS Nancy St. YES [NO A 8. GIVE PAGES 1, 2, A WITH FORM PM 3. IT. PAGES 1 AND 2 SH. DIVISION OF WITH R 14. FATHER'S NAME 15 MOTHER'S MAIDEN NAME Loseph Ward Charman Toserhine 160. WAS DECEASED EVER IN U.S. ARMED FORCES? 17 INFORMANT 166. SOCIAL SECURITY NO. ADDRESS (YES, NO, OR UNKNOWN) 220-34-7122 George N. Bakeoven North East. 18. CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c).) APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH PART I DEATH WAS CAUSED BY IMMEDIATE CAUSE (o) Arteriosclerotic cardiovascular disease DUE TO, OR AS A CONSEQUENCE OF Conditions, if ony, which gove rise to immediate couse (o) stating the under-DUE TO, OR AS A CONSEQUENCE OF lying couse lost. PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 In obesity 19a. DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED? 20 AUTOPSY? BURIAL, YES 3 SHOULD BE L NX X 210. EXTERNAL CAUSE WAS 216. TIME OF INJURY 2 Ic. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2 HOUR A.M. MONTH DAY YEAR UNDERLYING OR CONTRIBUTING CAUSE OF DEATH PM 21e PLACE OF INJURY (ATHOME. 21f LOCATION STREET, FACTORY, FARM FTC 1 STREET CITY OR TOWN WHILE AT WORK COUNTY STATE TO FUNERAL DIRECTOR: AFTER DEATH, WITH THE S BALLIMORE, MARYLAND, Inspection XX 22a I certify that I took charge of the remains described above, held on and in my opinion death resulted from Notural causes Homicide Undetermined monner TITLE (SPECIFY) Assistant 6-24-82 SIGNATURE EXAMINER'S NAME Korell, M.D. 111 Penn Street (TYPE OR PRINT) Margarita A ADDRESS. 23a BURIAL, CREMATION, REMOVAL 23b DATE Burial North East Cecil 6-26-82 North East Meth. BP 24. EUNBRALDIRECTOR **DHMH - 17** North East, (VR A15 ME (5)) 20M 4/82







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23	Burial, C	REMATION, REMOVA	June 16,	1982 Me	edowrd	OR CREMATORY	23d LOC CITY O	ATION Howa	rd, Me	ryland	STATE
	FUNERAL		ADDRES	Surbia D	m14a		DATE BIND BY		2	CHAMBERS	2
	Harry	H Witzke	4115 COL	umbia Ra	FITTEO.	or ordy			- M		
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Item #3 per phone call WDEPARTMENT OF HEALTH AND MENTAL HYGIENE Home 6/22/82 rc MEDICAL EXAMINER'S CERTIFICATE OF DEATH DECEASED NAME DATE KNOWN HINOM 2b. HOUR (TYPE OR PRINT) OF ESTI-12 19 6 PRENTISS BARBER 82 4. RACE DATE OF BIRTH AGE (IN YEARS | IF UNDER IF UNDER 24 HRS 74 HOUR T: TO emale LAST BIRTHDAY PRONOUNCED 7 8 59 22 yes Black DEAD ам 9. BALTIMORE CITY OR COUNTY OF DEATH To BIRTHPLACE (STATE OR 7b. CITIZEN OF WHAT COUNTRY? MARRIED NEVER MARRIED & FOREIGN COUNTRY) USA N.C. Baltimore City WIDOWED DIVORCED USUAL OCCUPATION (TYPE OF WORK ID. CITY OR TOWN OF DEATH 11 NAME OF HOSPITAL NURSING HOME, OR OTHER INSTITUTION PM 3. RETAIN PA IND 2 SHOULD BE FI VITAL RECORDS. 2 Baltimore 4700 Greenspring Ave. USUAL RESIDENCE (IF IN NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) 13a STATE 13b. COUNTY 13c CITY OR TOWN 13d INSIDE CITY LIMITS? 13e STREET ADDRESS MD Baltimore NO T 14. FATHER'S NAME 15. MOTHER'S MAIDEN NAME MIDDLE MIDDLE FIRST ED AS A BURIAL - TRANSIT PERMIT, PAGES I AND HEALTH AND MENTAL HYGIENE, DIVISION OF VIT, CREMATION, OR REMOVAL. Robert Sallv Toppings Barber In WAS DECEASED EVER IN U.S. ARMED FORCES? 7. INFORMANT ADDRESS 146 SOCIAL SECURITY NO. (YES, NO, OR UNKNOWN) No N/A Sally Eaddy 2124 Bolton St 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c),) BETWEEN ONSET AND DEATH DIVISION OF VITAL RECORDS, 201 W. PRESTON ST PART I DEATH WAS CAUSED BY Multiple gunshot wounds (unspecified weapon) IMMEDIATE CAUSE (a). DUE TO, OR AS A CONSEQUENCE OF Canditians, if any, which gave rise to immediate cause (a) stating the under-DUE TO, OR AS A CONSEQUENCE OF lying cause last PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (a) CERTIFICATION 19a DATE OF OPERATION 19h CONDITION FOR WHICH OPERATION WAS PERFORMED? 20 AUTOPSY? BURIAL, YES X NO 1 3 SHOULD BE UDEPARTMENT 216 TIME OF INJURY 210 EXTERNAL CAUSE WAS 214. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) PRIOR TO UNDERLYING TOOR HOUR A.M. MONTH DAY YEAR MEDICAL 6-12-1982 Subject shot. CONTRIBUTING CAUSE OF DEATH 21E LOCATION 714 INJURY OCCURRED TO MEDICAL EXAMINER: THIS UER EXECUTE THE CERTIFICATE, WRITIN PAGE 4 SHOULD BE FORWARDED TO FUNERAL DIRECTOR: PAGE 31 AFTER DEATH, WITH THE STATE DE BALTIMORE, MARYLAND, 21201 P 4700 Greenspring Ave., Balto. Md. WHILE AT WORK building 22a I certify that I taak sharge of the remains described above, held an Hamicide X death resulted fram: Undetermined manner TITLE (SPECIFY) ACTUAL SIGNATURE. 6-14-82 Assistant MEDICAL EXAMINER EXAMINER'S NAME Ann M. Dixon. 111 Penn St., Balto., Md. 21201 (TYPE OR PRINT) 23a. BURIAL, CREMATION, REMOVAL 23b. DATE 23¢ NAME OF CEMETERY OR CREMATORY STATE Burial 6/21/82 Zion Cem. Baltimore 24. FUNERAL DIRECTOR **DHMH - 17** ADDRESS (VR A15 ME (5) Wm. C. March F/H 1101 E. North Ave

20M 4/B2

JUN 17 1022 Them Can Michael

		STAT	E OF	M	ARYL	AND	
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	1-	FOR STATE REGISTRAR	DEPA		HEALTH AND MENTAL HYG FICATE OF DEATH	REG. NO.	46.	5 2
N	I. DE	CEASED NAME FIRST	WIDDLE		LAST		DAY YEAR 2b	HOUR
	(TYPE	OR PRINT) Frank	Α.	Bar	rezak	June 16, 1982	1:	1:15 _{MM}
	3 SEX	X	4 RACE		OF BIRTH	6. AGE (IN YEARS LAST BIRTHDAY)		UNDER 24 HRS
Š	M	ale	White	Augus	st 10, 1909	72 YRS	MONTHS DAYS HO	OURS MIN
a		RTHPLACE (STATE OR FOREIGN	76 CITIZEN OF WHAT COUNT	RY? 8	ED X NEVER MARRIED	9 BALTIMORE CITY OR COUNTY	OF DEATH	
9	M	aryland	U.S.A,	WIDOW		Baltimore City	TVK - III	MD.
2	V	TY OR TOWN OF DEATH	11. NAME OF HOSPITAL, NUF (IF NOT IN SUCH FACILITY, GIVE ST	TREET ADDRESS)		120 USUAL OCCUPATION (1YPE OF WORK FOR MOST OF WORKING UFF	126 KIND OF 81 INDUSTRY etired	USINESSOR
Z	В	altimore	Union Memoria	ll Hosp	ital	Druck Driver R	etired	
5	130 3	A PRIME (IF NURSING HOME OF 13b COULD	ROTHER INSTITUTION GIVE RESIDENCE BI NTY 130 CITY OR T Baltim	OWN	13d INSIDE CITY LIMITS? YES 🔀 NO 🗌	3017 N. Calvert	St. 212	18
į,	14. FA	ATHER'S NAME FIRST	MIDDLE LAST		15 MOTHER'S MAIDEN NA	WE	LAST	
į,		Andrew	Barcza	ık	Alexandra	7770014	Wilk	7 2
1		VAS DECEASED EVER IN U.S. AF	RMED FORCES? 166 SOCIALS	ECURITY NO.	17 INFORMANT	ADDRESS		4 5 33 5
Ŋ			II 215-40)-0819	Mrs. Norma Bar	czak, 3017 N. Cal	vert St.2	21218
	CERTIFICATION	gave rise to immediate cause iol, stating the underlying cause last PART 2. OTHER SIGNIFICANT I	DUE TO, OR AS A CONSE (c) CONDITIONS CONTRIBUTING 196 CONDITION FOR WH	TO DE ATH BUT			EN IN PART Ital	
^	Ē						- [NO 🗌
1	MEDICAL CE	216. ACCIDENT WAS UNDERLYING OR CONTRIBUTING ALIES OF DE (IF EITHER, NOTIFY MEDICAL EXAMINER 21d. INJURY OCCURRED WHILE NOT WHILE AT WORK AT WORK	ATH HOUR A.M. MONTH	19		RED (ENTER NATURE OF INJURY IN ITEM 18, P)	COUNTY	STATE
			at view the body after death.	~ >	nd that in (my) (aur) apinian of DEGREE	, ta Lip & date and haur death accurred an the date and haur		
		1980	alang			MEDICAL STAFF DIRECTOR PHYSICIAN	6/1	7/82
		DINESH	· S. KALA		W.P.H.S.	3100 Wyman	Park D	2011
	(5	Burial, cremation, removal Specify Burial			CEMETERY OR CREMATORY islaus Cemeter	23d LOCATION CITY ORTOWN RV Baltimore. Ma.	county	STATE

OHMH - 16 50M 1/76 (VR A 15 (4))

MPORTANT, IF IS

June 19,1982 St. Stanislaus Cemetery Baltimore.

ADDRESS

ns, 1808 Eastern Ave. 21231

JUN 17 1982 M.F. Sadowski & Sons, 1808 Eastern Ave. 21231

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STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE 🔡

CERTIFICATE OF DEATH REGISTRAR 20 DATE OF DEATH MONTH DECEASED NAME FIRST MIDDLE

TYPE OR PRINT Elizabeth LBardroff

IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS)

June 13, 1982 6. AGE (IN YEARS LAST BIRTHDAY)

YEAR

26 HOUR IF UNDER TYEAR

4 RACE 5. DATE OF BIRTH 3. SEX MONTH Female White

DAY November 8,1899

82

TYPE OF WORK FOR MOST OF WORKING LIFE

Housewife

REG. NO

9. BALTIMORE CITY OR COUNTY OF DEATH

O BIRTHPLACE (STATE OF FOREIGN 76 CITIZEN OF WHAT COUNTRY?

Maruland U.S.A.

MARRIED NEVER MARRIED WIDOWED X DIVORCED

Baltimore City 120 USUAL OCCUPATION 126 KIND OF BUSINESS OR

Baltimore Belair Convalesarium ME OR OTHER INSTITUTION GIVE RESIDENCE BEFORE ADMISSIONS

13d. INSIDE CITY LIMITS?

13e STREET ADDRESS 2918 Puttu Hill Ave

USUAL RESIDENCE (IF NOT 130. STATE 13c. CITY OR TOWN Maruland Baltimore Parkville

14 FATHER'S NAME MIDDLE George

Bachman

11. NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION

NO X 15 MOTHER'S MAIDEN NAME FIRST Anna

MIDDLE D

Schneider

16g. WAS DECEASED EVER IN U.S. ARMED FORCES? (YES NO OR UNKNOWN) (IF YES, GIVE WAR OR DATES)

STATE

O CITY OR TOWN OF DEATH

166 SOCIAL SECURITY NO. 212-44-3488

17. INFORMANT

ADDRESS

Mr William F Bardroff 4905 Greenhill Ave

18 CAUSE OF DEATH (Enter only one couse per line for (o), (b) PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE to

OR AS A CONSEQU

Conditions, if ony, which gave rise to immediate couse to, stoting the underlying couse lost.

DUE TO, OR AS A CONSEQUENCE OF

ART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISPASE OR CONDITION GIVEN IN PART 110

and that in (my) (aux) opinion death occurred on the date and hour and from the causes stated

20b IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH?

21n ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER NOTIFY MEDICAL EXAMINER)

90 DATE OF OPERATION

21d INJURY OCCURRED

216. TIME OF INJURY HOUR A.M. MONTH DAY YEAR P.M. 21e. PLACE OF INJURY

NO YES 216. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART I OR PART 2)

21L LOCATION CITY OR TOWN SIRRET

COUNTY STATE

sow the deceased alive on above, (1) (we) third) (did not) view the body after death. 226. SIGNATURE

22d. PHYSICIAN'S NAME (TYPE OR PRINT

23a BURIAL CREMATION, REMOVAL

NOT WHILE

DEGREE

23¢ NAME OF CEMETERY OR CREMATORY

CH OPERATION WAS PERFORMED

ATTENDING MEDICAL PHYSICIAN DIRECTOR PHYSICIAN 22c. DATE SIGNED

STATE

Albert B Bradley M.D.

23b. DATE

22a.1 certify that (1) (this harmental) attended the deceased from

22e ADDRESS 4900 Belair Rd

Baltimore, Maryland 23d LOCATION

Burial

CERTIFICATION

MEDICAL

 ∞

ò

MPORTANT

6/17/82 24 FUNERAL DIRECTOR

Leonard J Ruck Inc. Baltimore, Maryland

Baltimore

CITY OR TOWN Baltimore, Maryland

DHMH - 16 50M 1/B1 (VRA 15, 4)

(AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.)

250 DATE REC'D BY REGISTRAR 256 REGISTRAR'S SIGNATOR

Might liver and when I stay The Dille willing in the particular the of their Dime = -- 11/1 1 2 2/23/ E = - 4/10/ 1 - - = 12/4/12 g good by the comment of the THE CLASS.

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be

retained by the haspital or attending physician

executed within 24 hours after death. Page

			STATE OF MARYLAND				
FOR STATE			DEPARTMENT OF HEALTH AND MENTAL H CERTIFICATE OF DEATH	YGIENE 8	2		
REGISTRAR			CERTIFICATE OF DEATH		REG. N	10.	
ASED NAME	EIRST	MIDDLE	LAST.	20 DATE (DEDEATH	MONTH	

X	REGISTRAN				REG. NO.		
	ECEASED NAME FIRST PE OR PRINT)	MIDDLE		IAST	20 DATE OF DEATH MONTH	DAY YEAR	25 HOUR
40		cqueline Marie	Ba	rilla	June 14	, 1982	2:05P
3. S	EX	4 RACE	5. DATE (6. AGE (IN YEARS LAST BIRTHDAY)	IF UNDER 1 YEAR	IF UNDER 24 HI
	Female	White	Dec		43	MONTHS DAYS	HOURS M
70	BIRTHPLACE (STATE OR FOREIGN	76 CITIZEN OF WHAT COUNTRY	2 8		9 BALTIMORE CITY OR COU		1
745	COUNTRY)		MARRIE	D X NEVER MARRIED			
	STY OR TOWN OF DEATH	U.S.A.	WIDOWI		Baltimore		OF BUSINESS
0	CITT OR TOWN OF DEATH	OT IN SUCH FACILITY, GIVE STREET	ET ADDRESS)		TYPE OF WORK FOR MOST OF WORKIN	NG LIFE) INDUSTRY	
2	Baltimore	Maryland Gen		ospital	Homemaker	Own	Home
130	STATE IN COU	NTY 13c. CITY OR TO		1138. INSIDE CITY LIMITS?	13e STREET ADDRESS		
1 N	faryland A.	A. Co. Pasad	ena	YES NO 🔀	612 Pine I	rive	A 10
A 14.8	ATHER'S NAME	MIDDLE LAST		15. MOTHER'S MAIDEN NA	MIDDLE		
0	John	Have	S	Marie	MIDDLE	Schafer	bein
160	WAS DECEASED EVER IN U.S. AI	RMED FORCES? 166 SOCIAL SEC		17 INFORMANT (Hus		Same	
2	(YES NOOR UNKNOWN) (IF YES G	N/A 216.36	9506		J. Barilla	# 13	Q
-				1 mi riam	. O. Dallila		CIMATE INTERVAL ONSET AND DE
	PART I. DEATH WAS CAUS						
	1 MMEDIA	TE CAUSE (a) Sepsi	S	N	No.	l I	nonth
	11147	DUE TO, OR AS A CONSEQU	UENCE OF			199	
	Conditions, if any, which			f the Breast		1 1	rear
	gave rise to immediate cause (a), stating the		100 T 100 T				
1	underlying cause last	DUE TO, OR AS A CONSEO	UENCE OF			100	
	PART 2 OTHER SIGNIFICANT	CONDITIONS CONTRIBUTING TO	DEATH BUT	NOT BELATED TO THE TERM	INIAL DISEASE OF CONDITION	CIVEN IN BART 1	
Z	TAKE E. OTHER STOCKE ICAN	CONDITIONS CONTRIBOTING TO	DEATH BOT	THO TREE ATED TO THE TERM	INVAL DISEASE OR CONDITION	GIVEN IN PART I	d
CERTIFICATION	190 DATE OF OPERATION	19b. CONDITION FOR WHIC	H OPERATIO	N WAS PERFORMED	20a AUTOPSY? 20b. IF	YES, WERE FIND	NGS LISED
/ E					INCE	RTIFYING CAUSE	OF DEATH?
	21a. ACCIDENT WAS UNDERLYING	7 21b. TIME OF INJURY		Tale HOW INTUINY OCCUPA	YES NO NO	YES [NO 🗌
18	OR CONTRIBUTING CAUSE OF DE		DAY YEAR	ZIE. HOW INJURY OCCUR	RED (ENTER NATURE OF INJURY IN ITEA	A 18 PART I OR PART 2}	
1 8	(IF EITHER NOTIFY MEDICAL EXAMINE		19			137	
MEDICAL	21d INJURY OCCURRED	21e PLACE OF INJURY (AT HOME STREET, FACTORY, OFFICE	EARM FTC \	21f LOCATION	CITY OR TOWN	COUNTY	STATE
2	AT WORK NOT WHILE	(ALTHORE SINCE), TACTORI, OFFICE	, rann, cre j				
		June 14	Ma	y 5 19 82	June 14	19_82	that 🕌 (we)
	20M lue decedaed dilae di	17.	82	nd that in ((our) opinion	death occurred on the date and	haur and from the	
	above, (I) (we) (did) (did)	ot) view the bady alter death.		DEGREE		Total DATE	SIGNEDA
	-1 /	10111.	1	ATTENDING _	MEDICAL STAFF	177	11/10
_	Mr. course	IR Hall me	9.	PHYSICIAN [DIRECTOR PHYSICIAN	0/	14/14
	228 PHYSICIAN'S NAME	DR FRENCE		22e ADDRESS		/	/
	Michael Hyl	e, M.D.		c/o Mary	land General H	ospital	
23a	BURIAL, CREMATION, REMOVAL	23b DATE 23c	NAME OF C	EMETERY OR CREMATORY	23d LOCATION	<u></u>	
	Burial /				s. Sykesvil	COUNTY	STATE
24	FUNERAL DIRECTO	Jane 04 C	Clor	Burnie, 250 DAT	F PECTO BY PEGISIPAPING DE	CISTERO SIGNA	DII. N
1	NAME	D. Horan	The second second	11		O SAN SONA	The Jan
	Singleton	Funeral Home	Mary.	Land J	JN 17 1982 CAN	new Italia	4

Glen Bur Singleton Funeral Home Maryland

DHMH - 16 50M 1/81 (VRA 15, 4)

DEPARTMENT OF HEALTH AND MENTAL HYGIENE FOR - STATE REGISTRAR REG NO . DECEASED NAME 20 DATE KNOWN X 7h HOUR (TYPE OR PRINT) ESTI-Wayne DEATH MATED 19 82 5 J. 2, AND 3 TO THE FUNRAL DIRECTOR.
PM 3. RETAIN PAGE 5 FOR YOUR FILES.
ND 2 SHOULD BE FILED, WITHIN 72 HOURS.
WITAL RECORDS, 201 WYRRSTON STREET. Kenneth Barksdale 6 28 4. RACE 5 DATE OF BIRTH & AGE (IN YEARS | IF UNDER TYR 3 SEX DATE 24 HOUR LAST BIRTHDAY PRONOLINCED Male Black 10 82 DEAD 10-2-54 P 76. CITIZEN OF WHAT COUNTRY 9. BALTIMORE CITY OR COUNTY OF DEATH TO BIRTHPLACE (STATE OR MARRIED NEVER MARRIED X FOREIGN COUNTRY Baltimore City. Va. WIDOWED [DIVORCED 10. CITY OR TOWN OF DEATH 11 NAME OF HOSPITAL, NURSING HOME, OR OTHER INSTITUTION W. North Ave. (street) Baltimore blk. USUAL RESIDENCE LIF IN NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) Baltimore 30. STATE 13b COUNTY 13d INSIDE CITY LIMITS? 13a STREFT ADDRESS Md. 3218 Cherryland Rd. YES X NO [] 14 FATHER'S NAME 15 MOTHER'S MAIDEN NAME 18. GIVE PAGES 1, 2 WITH FORM PM 3 IT. PAGES 1 AND 2 DIVISION OF WITA MIDDLE MIDDLE LAST Cobbs Clarence Barksdale Beatrice 160. WAS DECEASED EVER IN U.S. ARMED FORCES? ADDRESS 3218 Yes Vietnam 213-64-2506 Beatrice Barksdale Cherryland 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). EXECUTE THE CERTIFICATE, WRITING THE WORD "PENDING" IN PENCIL IN 1TEM 18. PAGE 4 SHOULD BE FORWARDED TO THE CHIEF MEDICAL EXAMINER ALLONG W TO FUNERAL DIRECTOR: PAGE 3 SHOULD BE USED AS A BURIAL-TRANSIT PERMIT. AFTER DEATH, WITH THE STATE DEPARTMENT OF HEALTH AND MENTAL HYGIENE, D BALLJMORE, MARYLAND, 21201 PRIQR TO BURIAL, CREMATION, OR REMOVAL. BETWEEN ONSET AND DEATH PART I DEATH WAS CAUSED BY: Stab wound of Chest IMMEDIATE CAUSE (a). DUE TO, OR AS A CONSEQUENCE OF Canditions, if any, which gave rise to immediate cause (a) stating the under-DUE TO, OR AS A CONSEQUENCE OF lying cause last. PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH RUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART LIGHT CERTIFICATION 19a DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED? 20 AUTOPSY? YESXX NO 1 21g. EXTERNAL CAUSE WAS 216 TIME OF INJURY 21c HOW INJURY OCCURRED FENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2 UNDERLYING AOR HOUR AN MONTH DAY YEAR subject was stabbed CONTRIBUTING CAUSE OF DEATH 1 1:45 P.M. 6 28 1982 21 LOCATION WHILE AT WORK 1600 blk. W. North Avenue. Baltimore. Md. on street Autopsy XX 228. I certify that I took charge of the remains described above, held an Inspection and in my apinian Hamicide XX death resulted fram: Accident Undetermined manner Natural causes TITLE (SPECIFY) 6-29-82 Assistant SIGNATURE III Penn Street EXAMINER'S NAME Virginia L. Dolan, M.D. (TYPE OR PRINT) 23a, BURIAL, CREMATION, REMOVAL 23b DATE 23d. LOCATION STATE Buria] Cemetery 24. FUNERAL DIRECTOR 1256 REGISTRAR'S SIGNATURE N. Caroline **DHMH - 17** (VR A15 ME (5))

20M 4/82

STATE OF MARYLAND

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	၈ ယ င်	6.0		CEASED NAME	FIRST EMMA	MIDDLE	ı	BARNETT	20. DATE OF DEATH MON	104/80	Q.U.Ch.
	moy be page 3		3. SE			4 RACE	S. DATE C	OF BIRTH	6. AGE (IN YEARS LAST BIRTHDAY	MONTHS DATE	HOURS MIN.
	ge 4 rector, urs oft			MALE		NEGRO	64	°AY 24 YEAR 4	9. BALTIMORE CITY OR CO	VRS.	
	orth Poge reral direct 72 hours	St.		RYLAND	FOREIGN	76. CITIZEN OF WHAT COUN	WIDOWE		BALTIMORE	city	MD.
5	rs after de by the fur filed withi	P	1	ITY OR TOWN OF DE	ATH	11. NAME OF HOSPITAL, N (IF NOT IN SUCH FACILITY, GIVE HAYES CARE	URSING HOME (STREET AGORESS) NURSING	OR OTHER INSTITUTION HOME	120. USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WO	RKING LIFE) 120. KIND OF	F BUSINESS OR
MARYLAND 2120	filled in	.0	13a.	AL RESIDENCE (# MUF STATE RYLAND	13b. COU	ROTHER INSTITUTION, GIVE RESIDENCE NTY 13(, CITY OF BALTI	NWOT	13d INSIDE CITY LIMITS?	13. STREET ADDRESS 2031 Wheelen	r Ave.	
IARYLA	ed within ampletely and 2 sh	- T	14. F.	ATHER'S NAME JOSEP	Н	MIDDLE LAS	TATES	15. MOTHER'S MAIDEN NA CARRIE	WE	MeGOWAN	Ţ
BALTIMORE, M	be execute on and can	and the same	1	WAS DECEASED EVE YES, NO OR UNKNOWN)	R IN U.S. AR	RMED FORCES? 166. SOCIAL E WAR OR DATES	SECURITY NO.	17. INFORMANT HAZEL GAUSE	ADDRESS 2031 Wheel ex	Baltimore,	Md.
DIVISION OF VITAL RECORDS, 301 W. PRESTON ST.,	SSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate bed by the haspital or attending physician. UNERAL DIRECTOR: After this certificate has been signed by the attending physicial the Anarched for use on the buriel-transit permit. Then please remove carbon papers.	Mental Hygiene prior to burial, cremation, ar remore 18 shaws any injury, ar other traumatic ever	MEDICAL CERTIFICATION	Conditions, if on gave rise to in couse (a), statunderlying cause part 2. OTHER SIGNATION OF CONTRIBUTING (IF ETHER, NOTIFY MED 21d. INJURY OCCUMHILE AT WORK	y, which indicate ing the see last. GNIFICANT ATION NOERLYING CRAYSE OF OE ICAL EARLING ICAL E	21b. TIME OF INJURY HOUR A.M. MONT P.M. 21e. PLACE OF INJURY (AT HOME, STREET, FACTORY, of the body after decision)	SEQUENCE OF SEQUENCE OF G TO DEATH BUT WHICH OPERATIC DAY YEAR 19 DEFICE, FARM, ETC.]	PEROTIC CONTROLATION WAS PERFORMED 21c. HOW INJURY OCCUR 21f. LOCATION STREET 300 GAR THE STREET 19 8 ATTENDING PHYSICIAN 122e. ADDRESS	20a AUTOPSY2 20	IN BOALTO	STATE MANO STATE
100	TO HOS To FUN	IMPC	230	BURIAL, CREMATION	N, REMOVA	1 23b. DATE 6-9-1982		CEMETERY OR CREMATORY AWN MEM. PARK	23d LOCATION CITY OR TOWN	COUNTY	STATE WAR
100	DHMH - 16	25M 5 (4)) 9/74		FUNERAL DIRECTOR	ESE &	Annapo SONS MORTUAR	Pis, Md	25a. []	PN 1982 8 1987	BROOMER AND STONAL	URE

C6/04/3x845 Organization Court Manager 1975 ASSISTANCE X TO MESSION OF THE PROPERTY OF THE TABLE IS THE TRUE OF STREET THE GO WOOD IN THE CANADA JUN 1 0, 1992

4905 York Road Balto., Md.

FOR

REGISTRAR

- STATE

DHMH - 16 50M 1/81 (VRA 15, 4)

STATE OF MARYLAND

CERTIFICATE OF DEATH

DEPARTMENT OF HEALTH AND MENTAL HYGIENE &

JUN

21212

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STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE &

)	1	REGISTRAR			CERTIE	FICATE OF DEATH	REG. N	10	
		CEASED NAME FIRST		MIDDLE		LAST	20 DATE OF DEATH	MONTH DAY YEAR	2b HOUR
		Hazel	Rebec	ca	Bar		June 15,		м
	3 SEX		4 RACE			OF BIRTH	6 AGE (IN YEARS LAST BI	RTHDAY) IF UNDER I YEAR	IF UNDER 24 HRS. HOURS MIN.
	_	'emale RTHPLACE STATE OF FOREIGN	White	WALL COLINITARY		.14,1893		YRS	
2	(Penna.	US A	WHAT COUNTRY?	MARRIE	ED NEVER MARRIED DIVORCED	City	OR COUNTY OF DEATH	MD.
1	В	TY OR TOWN OF DEATH Baltimore	3106	Echodal e	AVe.	OR OTHER INSTITUTION nue	120 USUAL OCCUPAT		OF BUSINESS OR
5	13a S	AL RESIDENCE (IF NURSING HOM TATE 136 CC		Baltimos		13d. INSIDE CITY LIMITS?	3106 Echod	ale Ave.	
Ś	14 FA	THER'S NAME James E	· MIDDLE DO	onohoe LAST		15. MOTHER'S MAIDEN NA	ME MIDDLE	Morrow	51
0		VAS DECEASED EVER IN U.S. (ES, NO OR UNKNOWN) (IF YES)	ARMED FORCES? GIVE WAR OR DATES)	166 SOCIAL SECU	RITY NO.	Isabel J. B	arron 3106	Echodale Av	enue
		Conditions, if ony, which gove rise to immediate couse (a), stating the underlying couse lost	DUE TO, O	r as a conseque	NCE OF	LUZ C		sula de	
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	CERTIFICATION	19a. DATE OF OPERATION	196. COND	ITION FOR WHICH	OPERATIO	DN WAS PERFORMED	200 AUTOPSY? YES NO	20b. IF YES, WERE FINDI IN CERTIFYING CAUSES YES	
1		210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF LIFETHER NOTIFY MEDICAL EXAM	DEATH HOUR A.		Y YEAR	21c HOW INJURY OCCUR	RED (ENTER NATURE OF INJU	URY IN ITEM 18 PART 1 OR PART 2)	
	MEDICAL	21d INJURY OCCURRED WHILE NOT WHILE AT WORK	21e. PLACE ((AT HOME STR	OF INJURY REET, FACTORY, OFFICE, FA	ARM ETC)	211 LOCATION STREET	CITY OR TO	OWN COUNTY	STATE
		22a 1 certify that (1) (this has sow the deceased alive above, (1) (we) (did) (did	on	19		nd that in (my) (aur) opinion	death occurred on the d		that (I) (we) last couses stated
		226. SIGNATURE	C. Pa	thic		DEGREE ATTENDING PHYSICIAN	MEDICAL STA		16 8 2.
		27d. PHYSICIAN'S NAME ITY	PE OR PRINT)			22e ADDRESS			
		Gracito Pat	ricio Ml	D		2926 E. Cold	Spring Lan	ne Balt. Md.	
	23a B	URIAL CREMATION, REMOV	AL 736 DATE	23c N	AME OF C	EMETERY OR CREMATORY	73d LOCATION		

HMH - 16 50M 1/B1 (VRA 15, 4)

June 18,1982 New Cathedral 14 FUNE CHOMATA J. Ruck Inc. Baltimore, Maryland

Baltimore Md.

25a DATE RECD. BY REGISTRAR 25b REGISTRAR'S SIGNATURE

JUN 17 1982 home Joseph

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STATE OF MARYLAND
DEPARTMENT OF HEALTH AND MENTAL HYGIENE

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3	1.	FOR - STATE REGISTRAR	DEPART	MENT OF HEALTH AND MENTA CERTIFICATE OF DEATH		14641
lay be begg 3 death		CEASED NAME FIRST Mary:	(AKA PLA MAE B.	Batten) Batten	June June	7 1982 4:30 M
age 4 ma rector, pa irs after d		Female	Negro	S DATE OF BIRTH MONTH DAY APRIL 14 190		FUNDER LYEAR FUNDER 24 HRS MONTHS DAYS HOURS MIN
O Life dat	NO	ORTH CAROLINA	U.S.A.	MARRIED NEVER MARRIE WIDOWED DIVORCE	BALTIMOI	RE CITY MO.
Dynhailed with		BALTIMORE	11. NAME OF HOSPITAL, NURSING ST. AGNES H	OSPITAL	12R USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORK) NURSE	12b. KIND OF BUSINESS OR INDUSTRY
thin 24 h	MA	RYLAND RYLAND	OTHER INSTITUTION, GIVE RESIDENCE BEFOR	ORE YES NO	413 MELVIN	AVENUE 21228
cuted wi)	JOHN S	ANDY BLU		WIDDLE	COVINGTON
TIMORE ite be exe	16a V	VAS DECEASED EVER IN U.S. AR/ YES, 190 OR UNKNOWN) (16 YES, GIVE NO	wan on dates) 214-20-	6666	ADDRESS SSTE JACKSON/5	21212 06 E. 43rd ST.
ST., BAL		PART I DEATH WAS CAUSE	E CAUSE (O) CLCUSE	Myrcadie	1 infaction	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH WWW.
DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 2120 DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 2120 DING PHYSICIAN: The law requires that the death certificate be executed within 24 hour strending physician and completely fulled in by is the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filed in by the and Mental Hygiene prior to burial, cremation, or removal. marked or Item 18 shows any injury, or other traumatic event, the medical examiner must		Conditions, if any, which gave rise to immediate cause (a), stating the underlying cause last	DUE TO, OR AS A CONSEQUI		east disease	year
Nos, 20 w requirent signer of the ple out to burn only injur	NO		ONDITIONS CONTRIBUTING TO	DEATH BUT NOT RELATED TO THE	E TERMINAL DISEASE OR CONDITION	GIVEN IN PART 1(a)
AL RECO	CERTIFICATION	190 DATE OF OPERATION	196 CONDITION FOR WHICH	OPERATION WAS PERFORMED		FYES, WERE FINDINGS USED ERTIFYING CAUSES OF DEATH? YES NO
PHYSICIAN: up physician. up physician. urial-transit by Mental Hygic d or Item 18		210 ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEA		19 21c HOW INJURY O	CCURRED (ENTER NATURE OF INJURY IN ITEA	A 18. PART 1 OR PART 2)
DING PHITTENDING PHITTENDING After this the burn th and Mmarked of marked of the phittending the purity of the pur	MEDICAL	214 INJURY OCCURRED WHILE NOT WHILE AT WORK	21s. PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE, F	ARM, ETC.) 211 LOCATION STREET	CITY OR TOWN	COUNTY STATE
TTEN allor allor a CTOR r use a r Heal	Ĭ,	270 certify that (1) this haspit saw the ecceased alive on abave (1) (we) (did) (did not 27b. SIGNATURE	ol) attended the deceased fram_		pinian death accurred an the date and	
PITAL OH A PITAL OH A FRAL DIREC detached fo State Dept.		221 PHYSICIAN'S NAME (TYPE OF	0	DEGREE ATTEND PHYSIC	ING MEDICAL STAFF	6/2/8V
TO HOSPITAL retained by the TO FUNERAL I should be detack with the State E		FRUNAND	O QUERAL	4000 AN	INAPOLIS Rd	. BALTO, and .
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DHMH-16 25M (VRA 15, 4) 1/79	M		nes, Jr./ AVE	1 EDMONDSON 1'S	11 1 81 2 7 1 40000 1 127	cas lan larthen

STATE OF MARYLAND

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DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 21201	D HOSPITAL OR ATTENDING PHYSICIAN: The low requires that the death certificate be executed within 24 hours ofter death. Page 4 m trained by the hospital or attending physician.	O FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director hould be detached far use as the burial-transit permit. Then please remove carbonpopers Pages I and 2 should be filed within 72 hours of the	
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DHMH-16 50M 7/77 (VR A 15 (4))

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE FOR - STATE CERTIFICATE OF DEATH REGISTRAR REG. NO 1. DECEASED NAME FIRST 20 DATE OF DEATH MONTH YEAR 26. HOUR TYPE OR PRINTI Ellwood 4 RACE IF UNDER I YEAR 5. DATE OF BIRTH AGE (IN YEARS LAST BIRTHDAY) IF LINDER 24 HRS 3. SEX male Black 4 20 40 40 BALTIMORE CITY OR COUNTY OF DEATH TO BIRTHPLACE (STATE OF FOREIGN 76 CITIZEN OF WHAT COUNTRY? MARRIED NEVER MARRIED COUNTRY USA mo DIVORCED IX WIDOWED 18. CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION 12a. USUAL OCCUPATION 12b. KIND OF BUSINESS OR (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS) (TYPE OF WORK FOR MOST OF WORKING LIFE) **INDUSTRY** rovident USUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) 130 STATE 136 COUNTY 13c. CITY OR TOWN 13d. INSIDE CITY LIMITS? 13e. STREET ADDRESS 3513 mi YES 🟋 NO [Baltimore Tay woo 14. FATHER'S NAME 15. MOTHER'S MAIDEN NAME MIDDLE LAST MIDDLE Walte Batts eulah 160. WAS DECEASED EVER IN U.S. ARMED FORCES? ADDRESS 166 SOCIAL SECURITY NO. 17 INFORMANT (YES, NO OR UNKNOWN) I (IF YES, GIVE WAR OR DATES) 215-40-9929 Deulah 300 Pearless NO Oursen APPROXIMATE INTERVAL BETWEEN ONSET AND DEAT 18 CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c) PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (0) DUE TO, OR AS A GONSEQUENCE OF Conditions, if ony, which gove rise to immediate couse (o), stoting the DUE TO, OR AS A CONSEQUENCE OF underlying couse lost PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a) CERTIFICATION 20b. IF YES, WERE FINDINGS USED 20a. AUTOPSY? 190 DATE OF OPERATION 196. CONDITION FOR WHICH OPERATION WAS PERFORMED IN CERTIFYING CAUSES OF DEATH? YES 1 NO YES T NO T 21n ACCIDENT WAS UNDERLYING 216. TIME OF INJURY 2 Ic. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18, PART 1 OR PART 2) OR CONTRIBUTING CAUSE OF DEATH HOUR A.M. MONTH DAY YEAR (IF EITHER, NOTIFY MEDICAL EXAMINER) P.M. MEDIC/ 211 LOCATION 21d. INJURY OCCURRED 21e PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.) CITY OR TOWN COUNTY STATE NOT WHILE WHILE 220 I certify that (IV (this baspital) attended the deceased from sow the deceased olive on obove, (I) (we'do) (did not) view the body ofter death and that in (my) (our) ppinion death occurred on the date and hour and from the causes stated 226. SIGNATURE DEGREE 22c. DATE SIGNED ATTENDING MEDICAL STAFF DIRECTOR PHYSICIAN PHYSICIAN 22d. PHY SICIAN'S NAME ITYPE OR PRINT 22e ADDRESS 231. NAME OF CEMETERY OR CREMATORY 23d. LOCATION 23a. BURIAL, CREMATION, REMOVAL 23b. DATE (SPECIFY) COUNT CU men. 8h. Ouria 25a. DATE REC'D. BY REGISTRAR 7 FOR ARTS IGNATURE 24. FUNERAL DIRECTOR 8. North Ave C. March F/H 1101

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STATE OF MARYLAND

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DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE MEDICAL EXAMINER'S CERTIFICATE OF DEATH" REGISTRAR 20 DATE KNOWN DECEASED NAME MONTH 7h HOUR (TYPE OR PRINT) ESTI-0. HARRY 19 82 BAUGHAN DEATH MATED 6 26 4. RACE AGE (IN YEARS 3. SEX DATE OF BIRTH IF UNDER 24 HRS 2d HOUR 2c. DATE YEAR LAST BIRTHDAY PRONOUNCED 18 19 82 Male. White 10 20 61 DEAD 26 9PM O BIRTHPLACE ISTATE OR 7b. CITIZEN OF WHAT COUNTRY? 9 BALTIMORE CITY OR COUNTY OF DEATH MARRIED X NEVER MARRIED Maryland U.S.A. Baltimore City WIDOWED DIVORCED 10. CITY OR TOWN OF DEATH 120 USUAL OCCUPATION (TYPE OF WORK 126, KIND OF BUSINESS 11. NAME OF HOSPITAL NURSING HOME, OR OTHER INSTITUTION 2, AND 3 TO THE
3. RETAIN PAGE
2 SHOULD BE FILE
AL RECORDS, 201 Westinghouse Corp. Baltimore Sr. Designer 2506 Banger St USUAL RESIDENCE (IF IN NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) 13a. STATE 13d. INSIDE CITY LIMITS? 13e STREET ADDRESS 13b COUNTY Baltimore 2506 Banger Street 21230 Maryland YESK NO | 14 FATHER'S NAME 15. MOTHER'S MAIDEN NAME MIDDLE Baughan Harry Eva Stefenowski **DIVISION OF** 17. INFORMANT 160. WAS DECEASED EVER IN U.S. ARMED FORCES? 166. SOCIAL SECURITY NO. ADDRESS 21120 (IF YES, GIVE WAR OR DATES) 215-01-5595 Harry P. Baughan 234 Bentley Road YES WW II 18 CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) BETWEEN ONSET AND DEATH PART I DEATH WAS CAUSED BY IMMEDIATE CAUSE (o) Arteriosclerotic cardiovascular disease DUE TO, OR AS A CONSEQUENCE OF FAGE 3 SHOULD BE USED AS A BURIAL - TRANSIT STATE DEPARTMENT OF HEALTH AND MENTAL HY(2) 20201 PRIOR TO BURIAL, CREMATION, OR REMO Canditians, if any, which gave rise to immediate cause (a) stating the under-DUE TO, OR AS A CONSEQUENCE OF lying cause last. DIVISION OF VITAL RECORDS, 201 PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO GETH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 to CERTIFICATION 190. DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED? 20 AUTOPSY? YES | NOKK 21a. EXTERNAL CAUSE WAS 216. TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART) OR PART 2 HOUR A.M. MONTH DAY YEAR UNDERLYING OR CONTRIBUTING CAUSE OF DEATH P.M. 19 21e PLACE OF INJURY (AT HOME. 211 LOCATION FOO MEDICAL EXAMINER: THIS CER EXECUTE THE CERTIFICATE. WRITIN PAGE 4 SHOULD BE FORWARDED TO FUNERAL DIRECTOR: PAGE 3: AFTER DEATH, WITH THE STATE DE BALLIMORE, MARYLAND, 21201 P STREET, FACTORY, FARM, ETC.) STREET CITY OR TOWN COUNTY STATE NOT WHILE AT WORK AT WORK X 220. I certify that I taak charge of the remains described above, held an Autapsy and in my apinian Natural causes X death resulted fram: Accident Hamicide Undetermined manner ACTUAL DATE 5-29-82 MEDICAL EXAMINER SIGNATURE 111 Penn St., Balto., Md. 21201 EXAMINER'S NAME (TYPE OR PRINT) 230 BURIAL, CREMATION, REMOVAL 236 DATE 23c. NAME OF CEMETERY OR CREMATORY Buria1 6/30/82 Crest Lawn Gar. of Mem Marriottsville of Mem Marriottsviii 24 FUNERAL DIRECTOR 21229 **DHMH - 17** Hubbard Funeral Home, Inc. 4107 Wilkens Ave. (VR A15 ME (5))

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STATE OF MARYLAND

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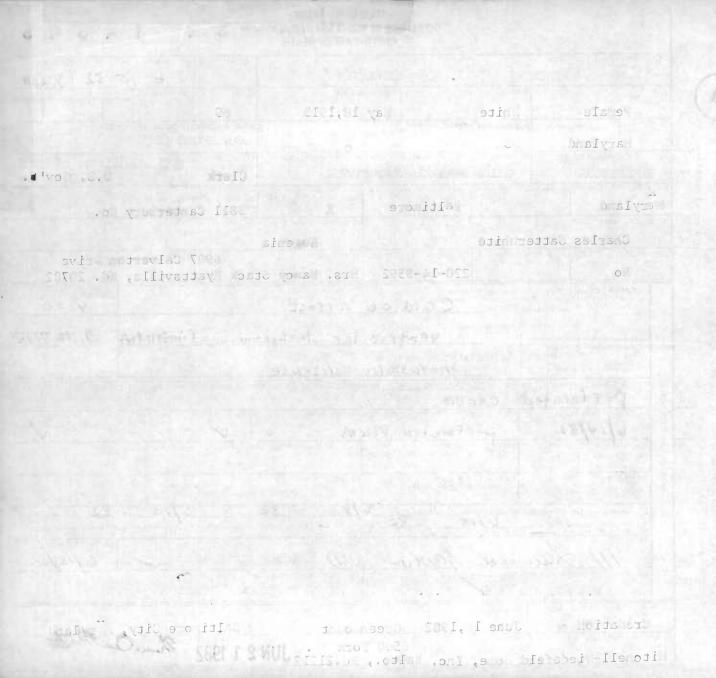
STATE OF MARYLAND

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Mitchell-Wiedefeld Home, Inc. Balto., Md.21212

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STATE OF MARYLAND
DEPARTMENT OF HEALTH AND MENTAL HYGIENE



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	1 - STATE REGISTRAR	DEPA	CERTIFICATE OF DEATI		1405	U
1	I DECEASED NAME FIRST	MIDDLE	LAST	20 DATE OF DEATH MO	NTH DAY YEAR 26. HOL	JR
1	(TYPE OR PRINT) Boo	ker /	Benson	June 22	1082 8:3	3P ,
1	3 SEX	4 RACE	5. DATE OF BIRTH	6 AGE (IN YEARS LAST BIRTHDA	IF UNDER LYEAR IN UNDER	24 HRS
	MAR	Col.	Aug 16, 191	35 66	YRS DATS HOURS	MIN.
А	To BIRTHPLACE (STATE OF FOREIGN	76 CITIZEN OF WHAT COUNT	RY? 8.	9 BALTIMORE CITY OR C		
	5,0,	(1.3,H1	WIDOWED DIVORCE	Baltimore	City	M
1	Baltimore	Maryland Ge	neral Hospital	ON 120 USHAL OCCUPATION 11 TO F WORK FOR MOST OF WO	DRKING LIFE) 12b. KIND OF BUSINE INDUSTRY	55 OR
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	160. WAS DECEASED AVER IN U.S. AI		8-5/25Mrs with	Amina Shird 3	20NHillonS	st
	PART I. DEATH WAS CAUSI	nly one cause per line lar (a1, (b ED BY TE CAUSE (a) Septic DUE TO, OR AS A CONSE	emia		APPROXIMATE INTE BETWEEN ONSET AND	DEATH
1	Conditions, if ony, which gave rise to immediate		le Neoplasm Right			
1	couse (a), stating the underlying cause last	Pleural Eff	QUENCE OF Collapse Rusion Secondary t	o probable Carc		Lun
1	PART 2 OTHER SIGNIFICANT		TO DEATH BUT NOT RELATED TO TH	E TERMINAL DISEASE OR CONDITI	ON GIVEN IN PART TO	
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1	190 DATE OF OPERATION 210. ACCIDENT WAS UNDERLYING	196 CONDITION FOR WH	IICH OPERATION WAS PERFORMED		IF YES, WERE FINDINGS USED CERTIFYING CAUSES OF DEAT YES \(\) NO \(\)	TH?
	OR CONTRIBUTING TO CAUSE OF OF	ATH HOUR A.M. MONTH	DAY YEAR	OCCURRED (ENTER NATURE OF INJURY IN	ITEM 18 PART I OR PART 2)	
	21d. INJURY OCCURRED NOT WHILE AT WORK	?1e PLACE OF INJURY (AT HOME STREET, FACTORY OFF	ICE, FARM, ETC.) 21f. LOCATION STREET	CITY OR TOWN	COUNTY 5	STATE
1		ital) attended the deceased line. June 22 It) view the body after death.	om June 11 19 1	82 , to June 22 pinion death occurred on the date of		
1	22b. SIGNATURE	tarello a	DEGREE ATTEND PHYSIC	ING MEDICAL STAFF	221. DATE SIGNED 6/22/82	
7	John A. Vit	carella, M.D.	22e ADDRESS	vland General Ho		

DHMH - 16 50M 1/81 (VRA 15, 4)

O FUNERAL DIRECTOR

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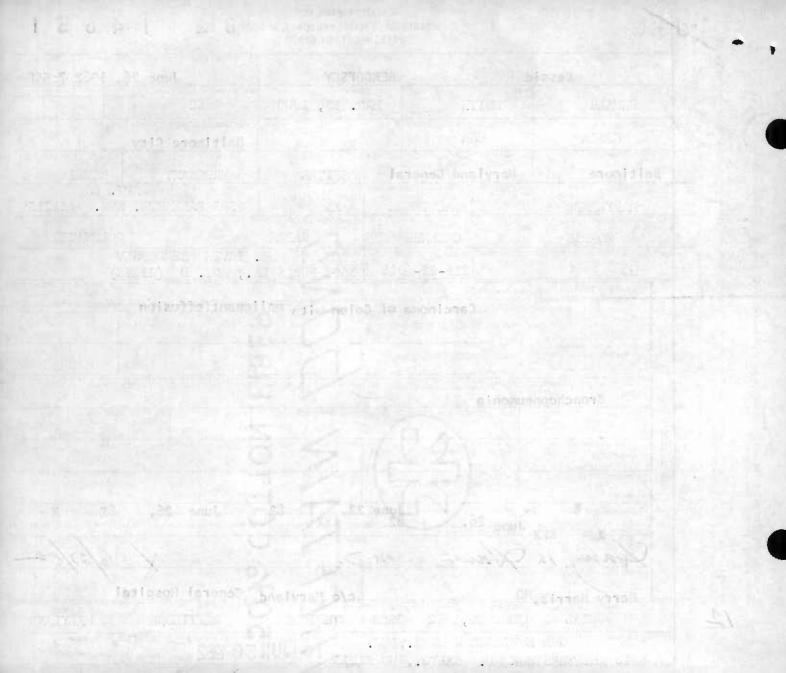
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STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE 8

0	1.	FOR STATE REGISTRAR		DEPAI		FICATE OF DEATH	GIENE 8 2	NO.	4 6	, 5	
		CEASED NAME FIRST		MIDDLE		LAST	2a DATE OF DEATH	MONTH	DAY YEAR	2b	HOUR
		Bessi	e		BERG	OFSKY		June 2	6. 198	32 7	: 55P M
	1, 58	X	4 RACE		5. DATE O	OF BIRTH	6. AGE IN YEARS LAST		IF UNDER 1 YE	- /	JNDER 24 HRS
h		FEMALE	WHI	TE	"MA	R. 15, 1900	82	YRS	MONTHS DA	rs HO	DURS MIN.
V	BI	IRTHPLACE STATE OR FOREIGN		WHAT COUNTR	Y? 8	D NEVER MARRIED	9 BALTIMORE CITY	OR COUNTY	OF DEATH		
1		RUSSIA	US	SA	WIDOWE		Baltimor	e City			MD.
8	В	altimore	Mary 1	and Gene	eral	DR OTHER INSTITUTION HOSPITAL	12a USUAL OCCUPA (1YPE OF WORK FOR MOS' MERCHA		FEI INDUST		SINESS OR
5	130 5	ALRESIDENCE (IF NURSING HOME OR STATE 13b COUN MARYLAND		13t. CITY OR TO	NWC	13d Inside City Limits?	13e STREET ADDRESS		PT. L. AVE.		1215
26) 14 FA	ATHER'S NAME FIRST MORRIS	MIDDLE	CUSHNE	ER	15. MOTHER'S MAIDEN NA SARAH	AME		GOLDI	vâte	R
1		WAS DECEASED EVER IN U.S. AR	MED FORCES?	166 SOCIAL SE	CURITY NO.	17 INFORMANT MR	R. IRVIN ADB	ERGOFS	KY		
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		PART 1. DEATH WAS CAUSE / Sample Sam	DUE TO, O (b) DUE TO, O (c)	R AS A CONSEC	QUENCE OF	Colon with mal			FN IN PART	Na	
	ON	Bronchopn								110	
1	CERTIFICATION	19a. DATE OF OPERATION		ITION FOR WHI	CH OPERATIO	N WAS PERFORMED	200 AUTOPSY?	IN CERTIF	S, WERE FIN	SES OF	DEATH?
1	MEDICAL CERT	71g. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEA	4	M. MONTH	DAY YEAR	21c HOW INJURY OCCUR		YE TURY IN ITEM TO P			0 🗌
	MED	21d INJURY OCCURRED WHILE NOT WHILE AT WORK	21e. PLACE (OF INJURY REET, FACTORY, OFFIC	E FARM ETC)	211 LOCATION STREET	CITY OR T	OWN	COUNTY		STATE
		22a. I certify that an (this haspii saw the deceased alive on above, by (we) (did) (sychology) SIGNATURE	Jew Me body	/	82 or	22, 19 82 Indight that in XIX (aur) opinion DEGREE ATTENDING PHYSICIAN 22e ADDRESS		AFF /	19_82 r and from t	he cous	X (we) lost es stoted
		Harry Hami's	MD			c/o Maryland	General	Hospit	al		
		BURIAL, CREMATION, REMOVAL (SPECIFY) BURIAL	JUNE 2	8,1982		EMETERY OR CREMATORY MONTEFIORE	23d. LOCATION			1ARY	LÁNĎ

DHMH - 16 50M 1/81 (VRA 15, 4)

24 FUNERAL DIRECTOR SOL LEVINSON & BROS., INC. 6010 REISTERSTOWN RD. BALTO, MD 21215 JUN 30 1982 Faces Jan Butten



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SOL LEVINSON & BROS., INC.

6010 REISTERSTOWN RD. BALTO., MD

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE R

CERTIFICATE OF DEATH

JUNE 18,1982 BETH ISAAC ADATH ISRAEL "BALTIMORE

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21215

STATE

CLOTHING

2a DATE OF DEATH

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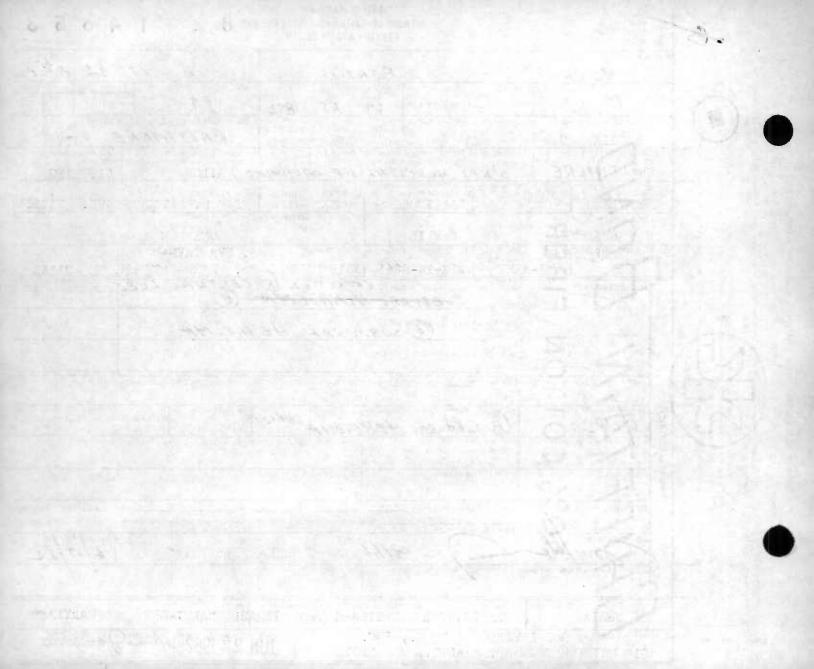
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(SPECIFY) BURIAL

24 FUNERAL DIRECTOR

DHMH-16-30M 2/80 (VRA 15, 4)

. DECEASED NAME



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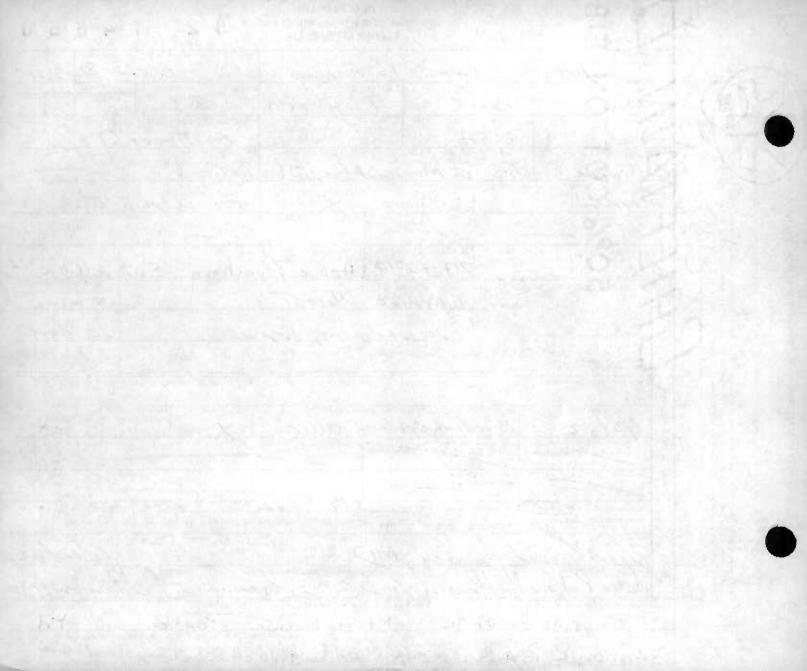
DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE CERTIFICATE OF DEATH REGISTRAR REG. NO I. DECEASED NAME 2g. DATE OF DEATH 2b HOUR (TYPE OR PRINT) 6-6-82 4:24R Biedermann Gustav 3. SEX 6 AGE (IN YEARS LAST BIRTHDAY) 15 1907 White Male TO. BIRTHPLACE (STATE OR FOREIGN 7b. CITIZEN OF WHAT COUNTRY? 9 BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED U/S. A. Baltimore, Md. Baltimore City DIVORCED WIDOWED 10. CITY OR TOWN OF DEATH 12b. KIND OF BUSINESS OR Carpenter Beli-Employed Baltimore Johns Hopkins Hospital DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 2120 ----E USUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION 470 Kingsville 13d. INSIDE CITY LIMITS? 11301 Belair Rd. Kingsville, Md. Baltimore Md. NO A 43>9C 14 FATHER'S NAME 15. MOTHER'S MAIDEN NAME Bertha Buehler Maximillion Gustav Biedermann 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SECURITY NO Mrs. Catherine M. Biedermann 210 (YES, NO OR UNKNOWN) (IF YES, GIVE WAR OR DATES) 27.2-22-1820 no 21.087 APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH 18 CAUSE OF DEATH (Enter only one couse per line for (o), (b), and ic) PART I. DEATH WAS CAUSED BY arres DUE TO, OR AS A CONSEQUENCE OF Conditions, if ony, which gave rise to immediate couse (o), stating DUE TO, OR AS A CONSEQUENCE OF underlying couse CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110 CERTIFICATION 190 DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED 286. IF YES, WERE FINDINGS USED 200 AUTOPSY? N CERTIFYING CAUSES OF DEATH? NO NO [21a ACCIDENT WAS UNDERLYING 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) 216. TIME OF INJURY MONTH DAY YEAR HOUR A.M. OR CONTRIBUTING CAUSE OF DEATH MEDICAL (IF EITHER NOTIFY MEDICAL EXAMINER) P.M 21d. INJURY OCCURRED 21e PLACE OF INJURY 211 LOCATION COUNTY AT HOME STREET, FACTORY, OFFICE, FARM, ETC) CITY OR TOWN STATE WHILE NOT WHILE 220.1 certify that (I) (this haspital) attended the deceased tro saw the deceased alive an obove, (I) (we) (did) did not view the body after death. and that in (my) (our) opinion death occurred on the date and haur and from the causes stated 226 SIGNATURE DEGREE 22c. DATE SIGNED ATTENDING MEDICAL FUNERAL uld be dete PHYSICIAN DIRECTOR PHYSICIAN MPORTANT 22d PHYSICIAN'S NAME (TYPE OR PRINT) 22ª ADDRESS 230. BURIAL, CREMATION, REMOVAL 23t, NAME OF CEMETERY OR CREMATORY 23b. DATE 23d. LOCATION SPECIFY) St. Pauls Luth. Ch.Cem. Kingsville Md. 6-9-1982 Burial BP. 24 FUNERAL DIRECTOR AT REC'D EXREGISTRATION REGISTRAR'S SIGNATURE DHMH - 16 50M 1/BI E.F. Lassahn, 11750 BelairRd Kingsville, Md. 21087 (VRA 15, 4)

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(VKM 13, 4)	L	vernon K.	Barley 134	& Nealkastill	124 1982 Agrees	Jan / Kribien



Inc. ADDRESS

Dundalk,

FOR

1. DECEASED NAME

REGISTRAR

24 FUNERAL DIRECTOR Duda-Ruck,

7922 Wise Avenue

DHMH - 16 50M 1/81 (VRA 15, 4)

- STATE

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

CERTIFICATE OF DEATH

REG. NO

DAY

NO [

STATE

2g. DATE OF DEATH MONTH

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TYPE OR PRINTS

REGISTRAR

DECEASED NAME

DHMH - 16 50M 1/81 (VRA 15, 4)

24 FUNERAL DIRECTOR 1101 North Ave. Wm. C. March F/H

Burial

Church Cemeteryk.

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE 🧣

CERTIFICATE OF DEATH

Kilmarnock

REG. NO

2h HOUR

12h KIND OF BUSINESS OR

26 DATE OF DEATH MONTH

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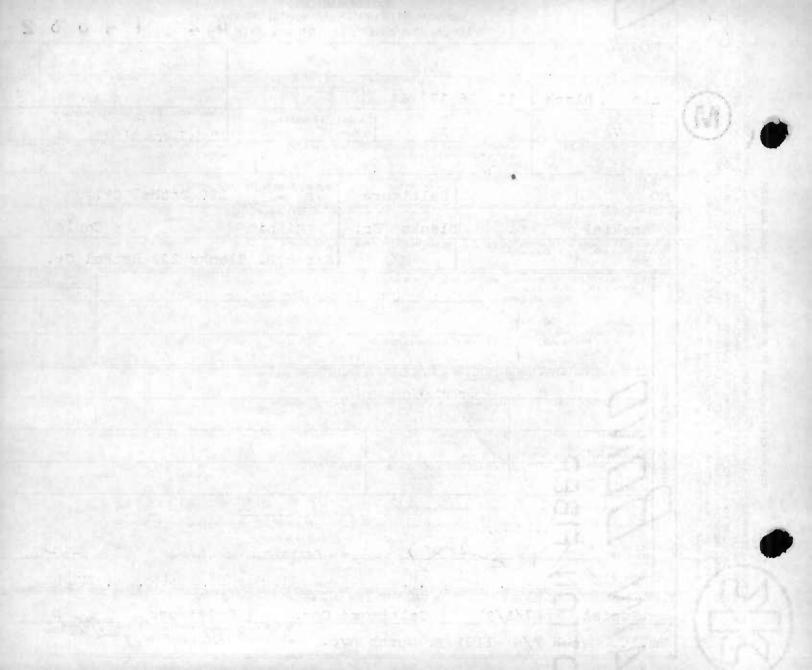
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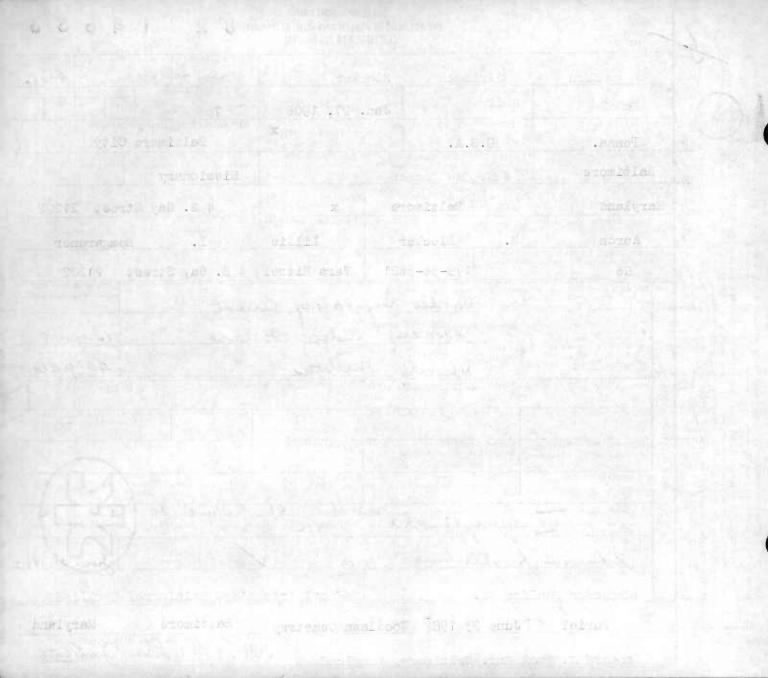
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DEPARTMENT OF HEALTH AND MENTAL HYGIENE

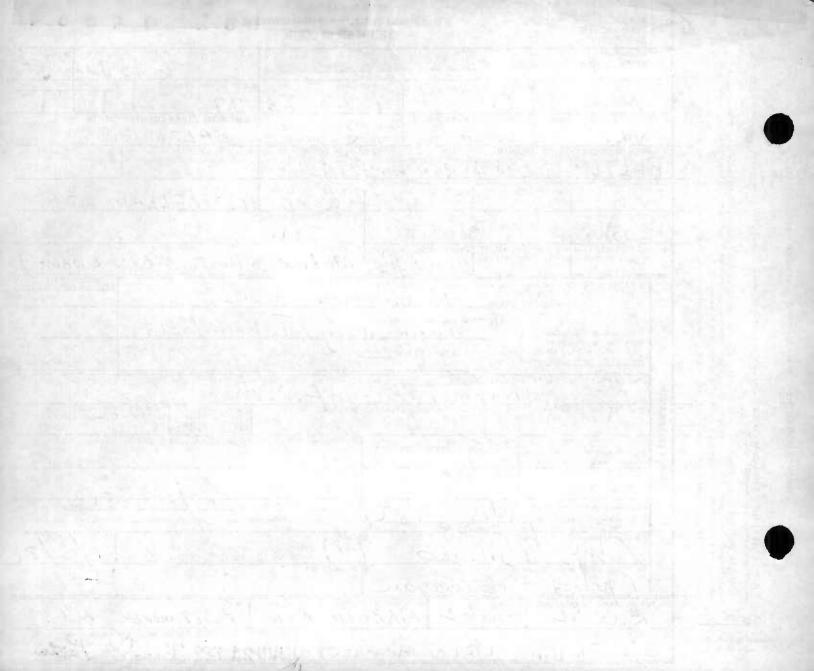
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230 BURIAL, CREMATION (SPECIFY) Buri			dlawn Cemetery	23d LOCATION CITY OF TOWN Baltimor	e	Ma:	ryland

DHMH - 16 50M 1/81 (VRA 15, 4)

NAME Leonard J. Ruck Inc. Baltimore, Maruland



44	1.	FOR STATE REGISTRAR	DEPAR	TMENT OF HEALTH AND ME CERTIFICATE OF DEA		REG. NO.	4 6 6 4
noy be page 3		CEASED NAME FIRST	HEW	BIUNT	2e. DATE OF D		1 82 2:15 PM
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LAND 212	13c. :	STATE USE COUR	NT BALT	WN 134 INSIDE CITY YES N	LIMITS? 134 STREET ACT	Y E LLAI	MONT ST.
completel		John D	MIDDLE Blint	15. MOTHER'S M	Ma	ADDRESS	LAST
SALTIMORE, MARYLAND cote be executed within 24 spirion and completely fille opers. Pages 1 and 2 should wol. nt, the medical examiner mu		VAS DECEASED EVER IN U.S. AR (ES, NO OR UNKNOWN) (IF YES, GI	RMED FORCES? IVE WAR OR DATES) 21240	4051 MAX1			V. Ellamont
		PART I. DEATH WAS CAUSE	nly one couse per line for (a) (b), o ED BY: ITE CAUSE (o)		Arres F		APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
RESTON deoth c ottendir nove cord otion, or		Conditions, if any, which gove rise to immediate	DUE TO, OR AS A SONSED	MO hary	Tubercu	10315	
s that the		couse (a), stating the underlying couse lost	DUE TO, OR AS A CONSEQ				
requires	NOIT	PART 2. OTHER SIGNIFICANT (CONDITIONS CONTRIBUTING TO	tract infe	chim		
TAL REC The low iction. The hos b nsit perm giene pr	CERTIFICATION	21a. ACCIDENT WAS UNDERLYING		H OPERATION WAS PERFORM	YES 🗀	IN CERTIFYI	
DIVISION OF VIT AL RECORDS, 201 W. PRESTON ST. ING PHYSICIAN: The low requires that the death certification physicion. Ifter this certificate has been signed by the attending post the buriol-transit permit. Then please remove carbon th and Mental Hygiene prior to buriol, cremation, or remorked or them 18 shows any injury, or other troumatic evaluation.	MEDICAL C	OR CONTRIBUTING CAUSE OF DE. (IF EITHER NOTIFY MEDICAL EXAMINE) 216. IN JURY OCCURRED	HOUR A.M. MONTH	DAY YEAR 19 TH LOCATION	RY OCCURRED (ENTERNATU	TE OF INJURY IN ITEM 18 PAR	T ! OR PART Z]
ENDING PHY ol or otherding OR: After this use os the bu Health and M	ME	WHILE NOT WHILE AT WORK	(AT HOME, STREET, FACTORY, OFFICE		n 6	CITY CATE WILL	COUNTY STATE
OR ATTENED to the spiral of the deforms them 21 is refered to the spiral of them 21 is refered to the spiral them 21 is refered to t		saw the deceased alive an	ortal) attended the deceased from 19. 19. 19. 19. 19.	DEGREE O	r) opinion deoth occurred	an the date and hour o	and from the couses stated
4 0 0 0 ±		22d PHYSICIAN'S NAME (1) PEC	Ulumo OR PRINT!	MY ATTE	ENDING MEDICAL	STAFF PHYSICIAN	6/15/82
TO HOSPITAL retoined by 1 TO FUNERAL should be de- with the Stote	22- 1	Mitzi	Gelereman	an	MATORY TOTAL	ON	
506BP		PRINCIPLE OF THE PRINCI	136/19/82 136	PRESUTUS A	IEM. OA	LTIMORE	COUNTY Md STATE
DHMH-16 30M 2/80 (VRA 15, 4)	E	MANAGE - A	ADDRESS	Mandac A.	25c. DATE REC'D. BY REC		AND SIGNATURE



	STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGI CERTIFICATE OF DEATH	ENE 8	2 REG. N	NO.	4	6	5 R 2b HO	5
DDLE	LAST	20 DATE	OF DEATH	MONTH	DAY	YEAR	26 HO	UR

STATE REGIS	RAR			C	ERTIFICATE OF	DEATH	REG.	NO.		
DECEASED TYPE OR PRINT	NAME	FIRST	WIDDLE		LAST		20 DATE OF DEATH	MONTH	DAY YEAR	26 HOUR
	MYR	PLE	C	В	OBLITZ		1.00	6	21 82	7:10
1.5EX			RACE		DATE OF BIRTH		6 AGE (INYEARS LAST	BIRTHDAY	IF UNDER 1 YEAR	
FEI	MALE		WHITE		8 25	1895	86	YRS	MONTHS DAYS	HOURS N
BIRTHPLAC	E I STATE OR FOR	EIGN 76	CITIZEN OF WHAT CO	DUNTRY? 8.	MARRIED ANEVEL	MARRIED	9 BALTIMORE CITY	OR COUN	ITY OF DEATH	
Mary	land		U.S.A.			ONORCED	Baltim	ore	Citu	
	OWN OF DEATH	1	1. NAME OF HOSPITA	L, NURSING H	OME OR OTHER IN		12a USUAL OCCUPA	TION	126 KIND	OF BUSINESS
	nore Cit	V	(IF NOT IN SUCH FACILITY,	Agnes	Hospital		Home I	of working laker	G LIFE) INDUSTRY	-
ISUAL RESID	ENCE (IF NURSING	b COUNT	THER INSTITUTION GIVE RESID	OR TOWN		CITY LIMITS?	13e STREET ADDRES			
Mary				lto.	YES TOTO	NO []	22 South	Athol	Avenue	2122
14 FATHER'S	NAME				15 MOTHE	R'S MAIDEN NA				
Caleb	Swan		DDIE	LAST		Laura	Hoffma			AST
	EASED EVER IN		ED FORCES? 16b SOC	CIAL SECURITY	NO. 17 INFORA	MANT Gene	ral German	REAgea	People	's Home
No	011101111			-05-564	1 22 50	outh Ath	ol Ave. E	alto.	MD. 21	229
	SE OF DEATH	Enter nalis								XIMATE INTERVAL
PAR	TI. DEATH WAS	CAUSED	one couse per line for (oi, joi, oild it		1	1.0.		BETWEEN	ONSET AND DE
	OTHER SIGNIF	ICANT CO	ENDITIONS CONTRIBU	TING TO DEA	TH BUT NOT RELATI	ED IQ THE TERM	INAL DISEASE OR CO	NDITION (GIVEN IN PART 1	10
CERTIFICATION 19a DAT	E OF OPERATIO	N	196. CONDITION FO		ERATION WAS PER	ORMED	200 AUTOPSY?		YES, WERE FIND RTIFYING CAUSE YES (7)	
21a. AC	IDENT WAS UNDER	LYING	216. TIME OF INJURY	,	21c HOW	INJURY OCCURE	RED (ENTER NATURE OF IN	JURY IN ITEM		
00.00	TRIBUTING CAU			NTH DAY	YEAR					
~	URY OCCURRED		P.M.	v	19 211. LOCA	ION				
WHILE WHILE	NOT WHILE		(AT HOME STREET, FACTO				CITY OR	TOWN	COUNTY	STAT
AT WORK	AT WORK						A. (
) attended the deceas		eine	. 19_5/		ine	. 19 8.2	, that (1) (we)
sav	the deceased ove, (I) (we) (did	olive on	view the body ofter dea	1982	and that in (m	y) (our) opinion	death accurred on the	date and l	nour and from th	e couses state
	NATURE		n		DEGREE				22c DAT	ESIGNED
m	Minn	1.	STHON	2	mont	ATTENDING PHYSICIAN E		AFF	21-	IMMO G
22d. PH	SICIAN'S NAM	E ITYPE ORP	RINT)		22e ADDR		J D. M.COTON [] FIII.	T. INIT	Tr. C	Jana D
W:	ILLIAM	(J)	BRYSON	Land V	MD /					
	REMATION, RE	MOVAL	23b. DATE	23c. NAM	NE OF CEMETERY O	RCREMATORY	236 LOCATION			
Bur	ial		6-23-82	Midd	letown Cer	netery	Freeto	ind	COUNTY	aryland
		ina F	Byers Funer				E REC'D BY REGISTRA	Plan REG	IST AN'S SIGN	West.
			Randallst			JUI		rance	1 1 4.	latten
8/28 1	7.Dertil				/- /// / / / / / / / / / / / / / / / /				4 / 1	

HMH - 16 50M 1/81 (VRA 15, 4)

COOP I COMMENT OF THE PROPERTY OF THE PARTY TO SE IS A CONTROL OF THE SECOND OF THE SECO

0 0 0 Market State of the State of th Burning Briange Course Com. Buckingham Lond Non. C. Dearen Fish Hor E. North Assessed S. mor

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE CERTIFICATE OF DEATH REGISTRAR REG NO DECEASED NAME 20. DATE OF DEATH MONTH (TYPE OR PRINT) J. 3:30 William Bond 6-21-82 3 SEX 4 RACE 5. DATE OF BIRTH & AGE (IN YEARS LAST BIRTHDAY) IF UNDER I YEAR male white HOURS 28 M. BIRTHPLACE (STATE OF FOREIGN 76 CITIZEN OF WHAT COUNTRY? 9 BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED Maryland USA Baltimore City WIDOWED DIVORCED KIX 10 CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION 12h KIND OF BUSINESS OR (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS) LTYPE OF WORK FOR MOST OF WORKING LIFE INDUSTRY Baltimore Mercy Hospital Manager Amer. Tank STITUTION GIVE RESIDENCE BEFORE ADMISSION Transport 13m STATE 13d INSIDE CITY LIMITS? 13e. STREET ADDRESS Varyland Curtis Bay 6350 Ordnance Rd. nore 21226 FATHER'S NAME 15 MOTHER'S MAIDEN NAME MIDDLE unknown Hazel Stutz 160. WAS DECEASED EVER IN U.S. ARMED FORCES? 17 INFORMANT ADDRESS 166 SOCIAL SECURITY NO. IYES NO OR UNKNOWNS (IF YES, GIVE WAR OR DATES) 220-24-5650 Erlene Stamper, 2300 Fife Ct. Forest Hill. Md. 21050 18 CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c) PART I DEATH WAS CAUSED BY Small Conditions, if ony, which gove rise to immediate couse (a), stating the DUE TO, OR AS A CONSEQUENCE OF underlying cause DIVISION OF VITAL RECORDS, 201 PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (a CERTIFICATION 19g. DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED 20n AUTOPSY? 20b. IF YES, WERE FINDINGS LISED IN CERTIFYING CAUSES OF DEATH? NO 21a. ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY 216 HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH (IF EITHER NOTIFY MEDICAL EXAMINER) P.M. 71d INJURY OCCURRED 21e. PLACE OF INJURY 211 LOCATION (AT HOME STREET, FACTORY, OFFICE FARM ETC.) CITY OF TOWN COUNTY STATE NOT WHILE 22a.1 certify that (1) (thus haspital) attended the deceased from. 19 82 and that in (my (bur) opinion death accurred on the date and hour and from the causes stated 72% SKINATHS DEGREE 22c DATE SIGNED ATTENDING DIRECTOR PHYSICIAN PHYSICIAN TTe ADDRESS HOSPITAL 301 St. Raul Place Id t SCOTT A. 23a. BURIAL, CREMATION, REMOVAL 23c NAME OF CEMETERY OR CREMATORY 236 DATE Harford Co. Md. 6-24-82 Belair Mem. Gardens Belair Burial 24 FUNERAL DIRECTOR DHMH - 16 50M 1/B1 (VRA 15, 4) Lassahn Funeral Home, 7401 Belair Rd.

and the part of th The companies of the same of t and the boy are some of the boys of the bo . comparing the state of the second of the s Can suggest the contract of th

1	STATE REGISTRAR			DEI A	CERTIF	ICATE OF DEATH		! EG. NO.	-4 0	0 0
	CEASED NAME	FIRST	7 10	MIDDLE		AST	20 DATE OF DEA		DAY YEAR	2b HOUR
		dward	V	ictor	I	Boniface	June :	16 1982		2 50 pm
1, 50			4. RACE		5. DATE C	OF BIRTH	6. AGE (IN YEARS L		IF UNDER I YEAR	-
14	Male	TO	Canc	asian	Jur		67	YRS	MONTHS DAYS	HOURS MIN.
70. B	IRTHPLACE (STATE OF	FOREIGN		WHAT COUNT	RY? 8		9 BALTIMORE C	ITY OR COUNTY	OF DEATH	
	S C		II S	٨	WIDOWE	DIVORCED DIVORCED		ltimore	C:+	
10 (ITY OR TOWN OF DE	ATH			RSING HOME	OR OTHER INSTITUTION	12a USUAL OCCI			MD DE BLISINESS OR
	Baltimor	30	1.71.0	Chomos				MOST OF WORKING LIF		Meat OR
USU	AL RESIDENCE (IF NUE			GIVE RESIDENCE BE	OCK AT	renue	Vice-1	res.	Pack:	ing Co.
13a.	STATE	13b COUN	TY	13c. CITY OR T	OWN	13d INSIDE CITY LIMITS?	13e. STREET ADD		19	
IA E	Md . ATHER'S NAME			Balt	imore	YES X NO	4740	Shamro	ck Av	enue
19. 6.	FIRST	N	MIDDLE	LAST		15. MOTHER'S MAIDEN N		DLE	LAS	ST
_	Edward			Bonifa		Marga	ıret		Ma	adden
	WAS DECEASED EVER		WAR OR DATES	166 SOCIALS		17 INFORMANT		DDRESS		
	no	100		579-0	7-8916	Marion Bo	niface	(wife)	same a	address
	18 CAUSE OF DEA	TH (Enter onl	y one couse per	line for (a), (b)	, and (c).)				BETWEEN	ONSET AND DEATH
	PART I. DEATH V	IMMEDIATE		RESP	1R47	ORV 4	RRES.	7		and the second
	IXXY	WWW. DOWN							-	
10	Conditions, if ony	r which	DUE 10, O	MET	QUENCE OF	4-T/C C.	ANCE	0 19 =		
	gove rise to im	mediote	(b)	11-1	713/	ATIC C	21 4-20	I= D		
	couse (o), stoti underlying cous		DUE TO, O	R AS A CONSE	OUENCE OF	/:	SLADO	1-1		
	DART O CYLLER OLD		(c)							
z	PART 2 OTHER SIG	NIFICANT C	ONDITIONS <u>CC</u>	ONTRIBUTING '	TO DEATH BUT	NOT RELATED TO THE TER	MINAL DISEASE OR	CONDITION GIVI	EN IN PART 1	01
CERTIFICATION	19a DATE OF OPERA	TION	101 60110	TION COD LINE	ICII OBERITIO					
CP	190 DATE OF OPERA	TION	196 COND	HON FOR WH	ICH OPERATIO	N WAS PERFORMED	20a AUTOPSY	20b. IF YES	, WERE FINDIN	NGS USED
RTI							YES NO	YES	s 🔲	NO 🗌
	OR CONTRIBUTING		21b. TIME O	FINJURY M. MONTH	DAY YEAR	21c HOW INJURY OCCU	RRED (ENTER NATURE C	FINJURY IN ITEM 18 P	ART I OR PART 2)	
CAL	(IF EITHER NOTIFY MED		P.,	Μ.	19					
WEDICAL	21d. INJURY OCCUR	RED	21e PLACE			211 LOCATION STREET	CIVI	ORTOWN	COUNTY	
Z	WHILE NOT W	HILE DRK	(AT HOME STR	EET, FACTORY OFFI	CE, FARM, ETC.)	ZIMEEL	CIIA	ORTOWN	COUNTY	STATE
	22a. I certify that (1	(this hospite	ol) ottended the	e deceased fro		-V / 19.75	E 10 JUN	E16	10 82	that (I) (we) last
	sow the deceo	ed alive on_	MAY	5-19	82 , on	d that in (my) (our) opinion	n deoth occurred on	the dote and hour	and from the	couses stated
113	above, (1) (we) (22b SIGNATURE	did) (did not	view the body	after deoth.		DEGREE			22c. DATE	
31	1/1/11	118	-/1//	11111	in	AAD ATTENDING	MEDICAL	STAFF	-	-
	22d. PHYSICIAN'S N	AME ITURE OR	PRINTI	10000	, ,	PHYSICIAN 22e ADDRESS	DIRECTOR PH	HYSICIAN [VI-	17-82
		THE THEOR				TITE ADDRESS				
	Dr. Ho	rst k		chirme		3 E. 33r	d St. /	lpt. 2		
23a	BURIAL, CREMATION	REMOVAL	23b. DATE			EMETERY OR CREMATORY	23d LOCATION	NAI NAI	COUNTY	(1.16
	Burial		6/19/	82 G	ardens	of Faith	Ba.	Ltimore	COUNTY	Mã.

DHMH - 16 50M 1/B1 (VRA 15, 4)

6/19/82 Schimunek Funeral Home, Res. Inc. 3331 Brehms Lane, Balto. Md. 21213

25a DATE REC'D. BY REGISTRAR 25b. REGISTRA

Mã.

· Little County (1808 P. 1811)

Carlotte Water (Martin de Mario de The State of the S

1.	FOR STATE REGISTRAR	DEPART		HEALTH AND MENTAL HYG	REG. NO.	4670
	CEASED NAME FIRST	MIDDLE	FEIT	LAST	20 DATE OF DEATH MONTH	DAY YEAR 26 HOUR
	_ NANNIE	T.	BOOTH		6/	21/82 8:45
3. SE		RACE	5. DATE C		6 AGE (IN YEARS LAST BIRTHDAY)	IF UNDER LYEAR IF UNDER 24 HRS
	female	white	12		91 YRS	
	RTHPLACE (STATE OR FOREIGN TE	b. CITIZEN OF WHAT COUNTRY	? 8 MARRIE	D NEVER MARRIED	9 BALTIMORE CITY OR COUN	TY OF DEATH
	Maryland	USA	WIDOWE	DIVORCED	BALTIMORE CI	TY
1	BALTIMORE	1. NAME OF HOSPITAL, NURSI (IF NOT IN SUCH FACILITY, GIVE STREE UNION MEMORIAI	T ADDRESS)		17g USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKING WEAPPET	126. KIND OF BUSINESS OF INDUSTRY Hutzler's
3a S	AL RESIDENCE (IF NURSING HOME OR O STATE 136 COUNT Maryland		WN	13d INSIDE CITY LIMITS? YES X NO [13e STREET ADDRESS 703 E. 22 Str	eet
14 FA	ATHER'S NAME FIRST ME Harry	Booth		15. MOTHER'S MAIDEN NAM	ME MIDDLE	Talbot
	WAS DECEASED EVER IN U.S. ARMI		URITY NO.	17 INFORMANT	ADDRESS	
- 0	no	WAR OR DATES)		Mildred Smi	th 1116 S. Ea	st Avenue
TION	couse (o), stating the underlying couse lost. PART 2. OTHER SIGNIFICANT CO		DEATH BUT		inal disease or condition g	
CERTIFICATION	19a DATE OF OPERATION	196 CONDITION FOR WHICH	H OPERATIO	N WAS PERFORMED	IN CER	YES, WERE FINDINGS USED TIFYING CAUSES OF DEATH?
MEDICAL CER	210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER NOTIFY MEDICAL EXAMINER)	P.M.	AY YEAR		RED (ENTER NATURE OF INJURY IN ITEM)	
MED	21d INJURY OCCURRED WHILE NOT WHILE AT WORK	21e PLACE OF INJURY (AT HOME, STREET FACTORY, OFFICE	FARM ETC)	21f LOCATION STREET	CITY OR TOWN	COUNTY STATE
	The second secon	b - m - d - d - d - d - d - d - d - d - d	61	7 9 7		
	22a.1 certify that (1) (this hospital saw the deceased alive an above, (1) (we) (did) (did not)	6/21/82 19	82,01	nd that in (my) (our) apinion a	death occurred on the date and h	
	sow the deceosed olive on obove. (I) (we) (did) (did not): 22b. SIGNATURE	view the body ofter death. 19_		DEGREE ATTENDING PHYSICIAN	MEDICAL STAFF	
	sow the deceosed alive on obove. (I) (we) (did) (did not): 22b. SIGNATURE CLUBER (TYPE OR P.	view the body ofter death. 19_		DEGREE ATTENDING PHYSICIAN	MEDICAL STAFF	our and from the causes stated 22c. DATE SIGNED 6/21/82

DHMH - 16 50M 1/81 (VRA 15, 4)

TO FUNERAL DIRECTOR: After this certificate has been sit should be detached for use as the burial-transit permit. The with the State Dept. of Health and Mental Hygiene prior to

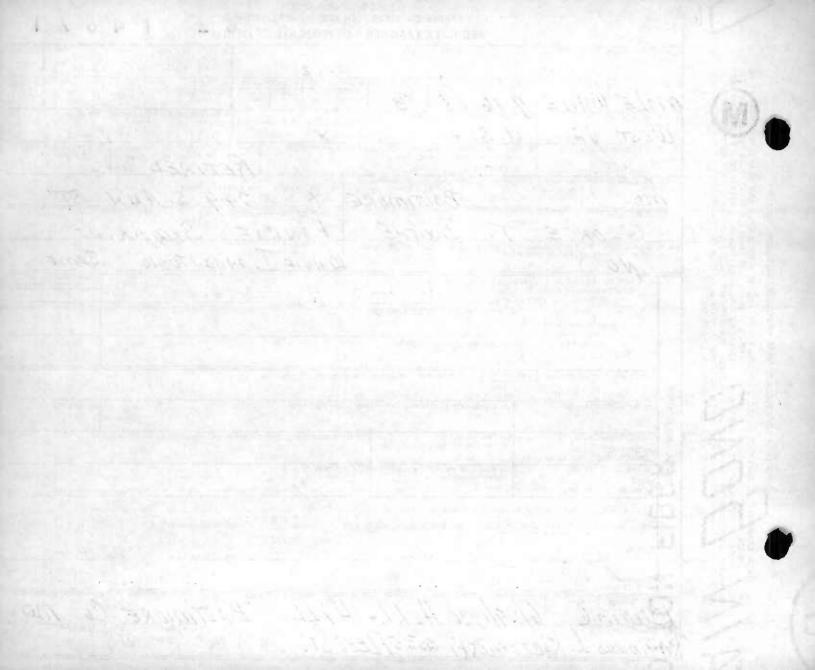
Walter Dabrowski

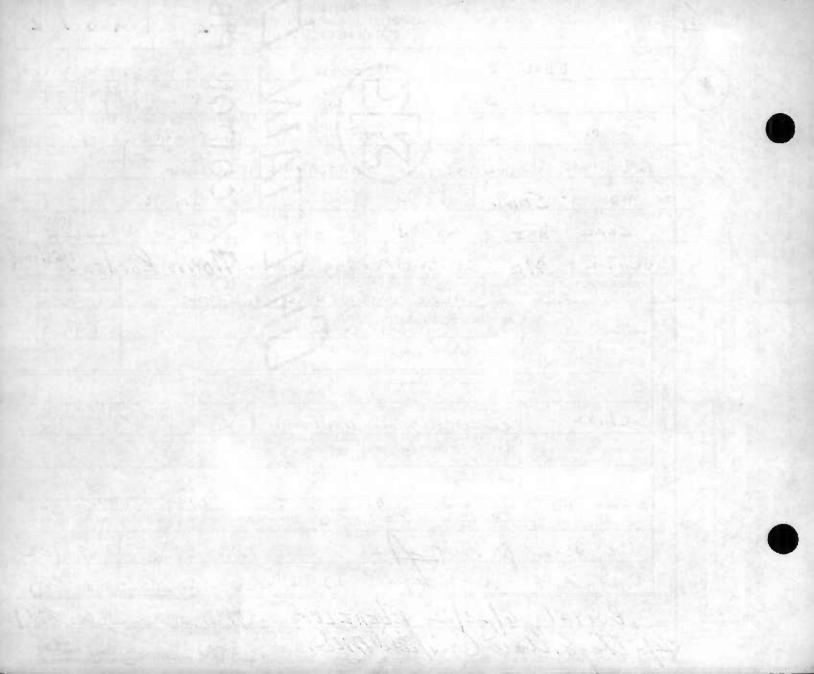
1005 Dundalk Avenue

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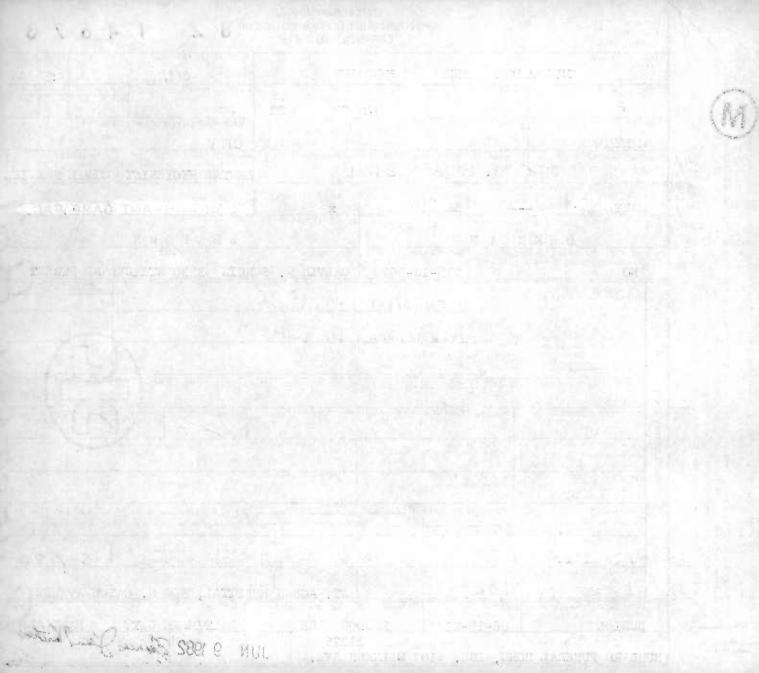
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Est Avanue	th 11165.	Mildred Smi		no
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DEPARTMENT OF HEALTH AND MENTAL HYGIENE FOR - STATE MEDICAL EXAMINER'S CERTIFICATE OF DEATH REGISTRAR 20. DATE KNOWN TX MONTH 1. DECEASED NAME 2h HOUR (TYPE OR PRINT) OF ESTI-19 82 6 **GEORGE** BOOTH 6 AGE (IN YEARS IF UNDER 1 IF UNDER 24 HRS DATE OF BIRTH DATE LAST BIRTHDAY) PRONOUNCED 1982 DEAD 9. BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED FOREIGN COUNTRY WIDOWED DIVORCED Baltimore City 126 KIND OF BUSINESS HOSPITAL NURSING HOME, OR OTHER INSTITUTION Ann_St Baltimore 249 5 SUAL RESIDENCE (IF IN NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) 13d. INSIDE CITY LIMITS? Ba. STATE 13b. COUNTY 14. FATHER'S NAME 160. WAS DECEASED EVER IN U.S. ARMED FORCES? (IF YES, GIVE WAR OR DATES) (YES. NO, OR UNKNOWN) APPROXIMATE INTERVAL CAUSE OF DEATH (Enter only one cause per line for (o), (b), and (c).) BETWEEN ONSET AND DEATH PART I DEATH WAS CAUSED BY: Arteriosclerotic cardiovascular disease IMMEDIATE CAUSE (a). DUE TO, OR AS A CONSEQUENCE OF Conditions, if ony, which gove rise to immediate cause (a) stoting the under-DUE TO, OR AS A CONSEQUENCE OF lying couse lost. PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO GEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (a) CERTIFICATION 19a. DATE OF OPERATION 196, CONDITION FOR WHICH OPERATION WAS PERFORMED? 20 AUTOPSY? YES NO K 210. EXTERNAL CAUSE WAS 216. TIME OF INJURY 216. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) HOUR A.M. MONTH DAY YEAR UNDERLYING OR CONTRIBUTING CAUSE OF DEATH 21e PLACE OF INJURY (ATHOME. 21f LOCATION AT WORK AT MOT WHILE STREET STATE STREET, FACTORY, FARM, ETC.) CITY OR TOWN COUNTY 220 I certify that I took charge of the remains described above, held an Autopsy Inspection and in my apinian EXECUTE THE CERTIFICATION PAGE 4 SHOULD BE FITO FUNERAL DIRECTO AFTER DEATH, WITH THE BAFTIMORE, MARYLAN Natural couses X Homicide Undetermined monner death resulted fram: Accident TITLE (SPECIFY) ACTUAL DATE 6-26-82 Assistant MEDICAL EXAMINER SIGNATURE 111 Penn St., Balto., Md. 21201 EXAMINER'S NAME Ann M. Dixon. (TYPE OR PRINT) ADDRESS **DHMH - 17** (VR A1S ME (5)) 20M 4/82





	14	1.	FOR STATE REGISTRAR			DEP	ARTMENT OF	FICATE OF	MENTAL HYO	GIENE 8	2 REG. NO.	1 .	4 6	7 3
	(CE ASED NAME	FIRST		MIDDLE	71113	EAST		2a. DATE C	F DEATH MO	ONTH DA	YEAR	2b HOUR
be 3	eoth	(11PE	OKPRINT)	CHARLE	TTE	ANN	BOF	RING			6/7/8	32		4:58 AM
	10	3. SE	(4. RACE	7 16 16		OF BIRTH		6. AGE (IN	YEARS LAST BIRTHD	AY) IF	UNDER 1 YEAR	
(mA	1		F		W		0.1		22	60			NIHS DAYS	HOURS MIN.
/ IAI	16.		RTHPLACE (STATE OF	R FOREIGN .	76. CITIZEN O	F WHAT COUN	ITRY? 8				ORE CITY OR	COUNTY O	FDEATH	
~	5.35		MARYLAND	30.0	US	۸	WIDO	ED NEVER	MARRIED W	CITY	, –			
ap un	the de		TY OR TOWN OF DE	ATH	11. NAME OF	HOSPITAL, N	URSING HOME	OR OTHER INS		12a USUAL	OCCUPATION		12b. KIND (MD. OF BUSINESS OR
urs ofte	bell 3/0	11.	ALTIMORE				HOSPIT				L HYGIE		CIVI:	L SERVICE
AND 21	a good a	13a. S	MARYLAND	136 COUN		BALT I	TOWN		CITY LIMITS?	13e. STREET 3330		LAND	STREE'	T,21229
MARYL. ed within	300	14. FA	THER'S NAME FIRST		N O W	N LAS	1	15. MOTHER	'S MAIDEN NA		MIDDLE K N O	WN	LA	ST
RE, A	2 0 3		VAS DECEASED EVE	R IN U.S. ARA	AED FORCES?		SECURITY NO	17. INFORM	ANT	0 10	ADDRESS			
be exe	г. Род	(NO OR UNKNOWN)	(IF YES, GIVE	WAR OR DATES)	215-1	8-5670	CALVI	IN R. S	CHUTZ	3330 S	TRICK		
BAL Cote	ope avol.		18 CAUSE OF DEA	TH (Enter on!	y one couse p	er line for (o), (I	b), ond (c).)					1000	BETWEEN	ONSET AND DEATH
ST.,	eve	170	7		CAUSE (o)_	ASPIR	9+100	DNEN	MONI	TIS				
NO of the color	or o		3310)	DUE TO,	OR AS A CONS	EQUENCE OF	1						
deo	ove	200	Conditions, if on		(b)_	AZI	heimen	1 DIS	EASE					
the the	emo er fr		gove rise to im couse (o), state	ing the	DUE TO,	OR AS A CONS	SEQUENCE OF						5.5	
thor d by	lease re iol, crer or other		underlying caus	e lost.	((c)_									
RDS, 20 equires	Then p ta bur njury,	NO	PART 2 OTHER SIG	NIFICANT C	ONDITIONS	ONTRIBUTING	G TO DEATH BE	T NOT RELATE	D TO THE TERM	AINAL DISEA	SE OR CONDIT	ION GIVEN	IN PART I	01
DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 2120: BING PHYSICIAN: The low requires that the death certificate be executed within 24 hours offending physician. When this certificate has been signed by the attending physician and completely filled in by	shows ony i	CERTIFICATION	19a. DATE OF OPERA	NOITA	196 CON	DITION FOR W	HICH OPERAT	ON WAS PERFO	ORMED	200 AUT		Ob. IF YES, V N CERTIFYII YES		NGS USED S OF DEATH?
/ITA	Hygie 18 sho	CERI	210. ACCIDENT WAS UP	NDERLYING		OF INJURY		21c. HOW II	NJURY OCCUR					
OF CLAN Phy phy	tentol-tre		OR CONTRIBUTING			A.M. MONTH								
4YSIG ding	Men Men	MEDICAL	214. INJURY OCCUP			P.M. OF INJURY	19	21f LOCATI	ION					
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to log.	f He		sow the deceo	sed plive on_				and that in (my		death accurr	ed on the date			that (1) (we) last
ATT	ot. o		obove, (I) (we)	(did) (did not	view the bod	y after death.		DEGREE	7 (037) 0		00 011 1110 0010	0.0010010		SIGNED
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1118			URIAL, CREMATION	, REMOVAL	23b. DATE		23c. NAME OF	CEMETERY OR	CREMATORY	23d. LOC	ATION YOR TOWN		COUNTY	STATE
000 BP		21.5	BURIAL		06-1	0-82	LOI	DON PAI			TIMORE	CITY	M	ARYLAND
DHMH-16 30		24 FL	INERAL DIRECTOR			ADD	RESS	21229			REGISTRAR 24	PEGISTRA	COM	1 kul
(VRA 15,	, 4)	HU	BBARD FUN	ERAL H	OME, I	NC. 410	7 WILK	NS AVE	J	UN 9	1982	-	0	



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DHMH - 16 50M 1/81 (VRA 15, 4)

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	9	PART I. DEATH W.	AS CAUSE	Ď BY: E CAUSE (a)			CAM	like Ami	LEST				MATE INTERV INSET AND D	AL EATH
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	MEDICAL CER	219, ACCIDENT WAS UND OR CONTRIBUTING CONTRIBUTION CONTRI	AUSE OF DEA	TH HOUR A.A	A. MONTH	H DAY YEAR	21c. HOW	INJURY OCCURR	RED (ENTER NAT	ure of injury in	ITEM 18 PART	I OR PART 2)		Ä
	MEDI	21d INJURY OCCURR	LE 🗍	21e PLACE C	OF INJURY ET FACTORY, O	OFFICE, FARM ETC.)	211 LOCA 511	TION		CITY OR TOWN		COUNTY	517	ATE
		22a I certify that (I) sow the decease obove, (I) (we (d		1 1 7 1	1	X / /		y) (aur) apinion o	death accurred	d an the date of	nd haur o	nd from the		
		22b. SIGNATURE	att	OW	uva	m	DEGREE	ATTENDING PHYSICIAN	MEDICAL DIRECTOR	STAFF PHYSICIAN		22c. DATE	SIGNED	ì
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	(:	Burial, CREMATION, I SPECIFY) Burial	REMOVAL	6/26/	′82			Cemete	ry B	rookl	-	A.A.	Mď.	ATE
		orge J. (lonce	4001	Ritcl	hie Hw	v. Ra	1 to		1982 -	AISTRA	9	12.76	F

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I the original services . elti oro 00 01 10 5 1000 08. 1 1 2000 100. es or cident to the contract of the contract o Section of the sectio

FOR	0
STATE	1.00

DEPARTMENT OF HEALTH AND MENTAL HYGIENE 🗐

CERTIFICATE OF DEATH REGISTRAR REG. NO 1 DECEASED NAME 20. DATE OF DEATH MONTH 2h HOUR (TYPE OR PRINT) WILLIAM J. BOSLEY 6 :30 3 SEX 4 RACE 5 DATE OF BIRTH A AGE LIN YEARS LAST BIRTHDAY IF UNDER LYEAR Aug. 7, 1907 Male White TO BIRTHPLACE (STATE OR FOREIGN 76 CITIZEN OF WHAT COUNTRY? BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED Baltimlore City Maryland U.S.A. WIDOWED [10. CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION 12ª USUAL OCCUPATION 126 KIND OF BUSINESS OR (TYPE OF WORK FOR MOST OF WORKING LIFE) INDUSTRY
Retired Brush Factory VAMCUCBALTIMORED MARYLAND 21218 Ral timore

					11002200	22 00411 2 000023
5			GIVE RESIDENCE BEFORE ADMISSION) 136 CITY OR TOWN BALTIMORE		13. STREET ADDRESS	on St.
10	late unlnow	M IDDLE	LAST	15 MOTHER'S MAIDEN NA late FIRST Nel	AME MIDDLE	LAST
1	160 WAS DECEASED EVER IN (YES, NO OR UNKNOWN) YES	U.S. ARMED FORCES?	166 SOCIAL SECURITY NO. 217 07 8093	Mrs Gertrud	ADDRESS le Metcalf 117	7 S Payson St.

18 CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c) PART I. DEATH WAS CAUSED BY: ardiac arrest IMMEDIATE CAUSE (0) Conditions, if ony, which atheroscleratic disease Severe gove rise to immediate couse (a). stoting DUE TO OR AS A CONSEQUENCE OF underlying couse lost

PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110

multiple decubiti failure,

1% CONDITION FOR WHICH OPERATION WAS PERFORMED 190 DATE OF OPERATION

Infected declabitus leg vicer

216. TIME OF INJURY

IN CERTIFYING CAUSES OF DEATH?

CITY OR TOWN

NO [216 HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2)

20b IF YES, WERE FINDINGS USED

COUNTY

(IF EITHER NOTIFY MEDICAL EXAMINER) 214 INJURY OCCURRED NOT WHILE AT WORK

238 BURIAL, CREMATION, REMOVAL

Burial

210. ACCIDENT WAS UNDERLYING

OR CONTRIBUTING CAUSE OF DEATH

CERTIFICATION

MEDICAL

HOUR A.M. MONTH DAY YEAR 21e. PLACE OF INJURY (AT HOME STREET FACTORY OFFICE FARM ETC.)

211 LOCATION STREET

1/31

22e ADDRESS

and that in (my) (our) opinion death occurred on the date and hour and from the couses stated

STATE

sow the deceased alive on_ obove, (1) (we) (did) (did not) view the body after death 226 SIGNATURE

DEGREE

ATTENDING PHYSICIAN [

MEDICAL DIRECTOR PHYSICIAN

20n AUTOPSY?

221 DATE SIGNED

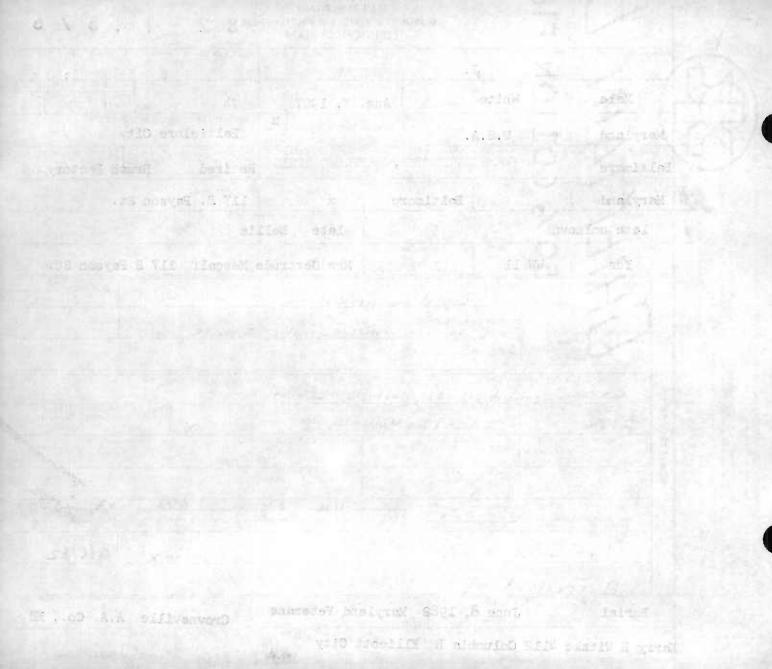
22a I certify that (1) (this hospital) attended the deceased from_

June 8, 1982 Maryland Veterans

23d LOCATION Crownsville A.A. Co., Md.

24 FUNERAL DIRECTOR Harry H Witzke 4112 Columbia Rd Ellicott City 250. DATE REC'D. BY REGISTRAR 25b. REGISTRAR'S SIGNATURE

DHMH - 16 50M 1/81 (VRA 15, 4)



- STATE

REGISTRAR

DECEASED NAME

3739 Lochearn Drive Chase 218-14-0863 Hilda Bouldin 3739 Lochearn Dr. PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1:0 20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? YES NO I 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART I OR PART 2) COUNTY STATE , and that in 📉 (our) opinion death accurred an the date and hour and from the causes stated 22c DATE SIGNED DIRECTOR PHYSICIAN c/o Maryland General Hospital Burial 7/2/82 Crownsville Veteran Cem 24 FUNERAL DIRECTOR DATE REC'D. BY REGISTRAR 256 REGISTRAR'S SIGNATURE DHMH - 16 50M 1/81 (VRA 15, 4) Wm. C. March F/H 1101 E. North Ave.

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE &

CERTIFICATE OF DEATH

LAST

REG. NO

26 HOUR

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1982

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ge 4 moy	3. SE	MALE	1. RACE	SLOE	S. DATE O	BIRTH DAY S S S S S S S S S S S S S	6 AGE (IN YEARS LAST BI	YRS.	IDER 1 YEAR IF UNDER 24 HRS
eoth. Pos		RTHPLACE (STATE OR FORE		WHAT COUNTRY	MARRIED WIDOWEI	NEVER MARRIED	BALTI	OR COUNTY OF	CITY MD.
s offer d	10 C	BALTIMOR	The state of the s	HOSPITAL, NURSI CH FACILITY, GIVE STREE	T A CORESS)	SPITAL	12a USUAL OCCUPAT (TYPE OF WORK FOR MOST (26. KIND OF BUSINESS OR NDUSTRY
AND 21201	13a. S	AL RESIDENCE (IF NURSING	HOME OR OTHER INSTITUTION COUNTY BALT.	13c. CITY OR TOV	RE ADMISSION)	13d INSIDE CITY LIMITS?	130. STREET ADDRESS	ETH EL	BENT AVE.
i; MARYLAND uted within 24 completely filled 1 and 2 shauld	14. FA	THER'S NAME FIRST	WIDOLE	LAST		15. MOTHER'S MAIDEN N	AME	No.	LAST
BALTIMORE, cote be executed by sisting on a congress. Pages 1 wo.l. it, the medical		VAS DECEASED EVER IN (ES. NO OR UNKNOWN) (1	U.S. ARMED FORCES? FYES, GIVE WAR OR DATES)	217-01		Annie R	ADDR.		Ethel bert
ST., BALT entificate b g physicio bonpapers, removol.		18 CAUSE OF DEATH (E PART I. DEATH WAS	Enter anly ane cause pe CAUSED BY: MEDIATE CAUSE (a)			11A 2' , TO	YERSINIA		APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
0 40-		S 860 Conditions, if any, w	DUE TO, C	OR AS A CONSEOL					
201 W. PRESTON es that the death creed by the attendin please remove cart urial, cremation, or r, or other traumatic		gave rise to immed couse (a), stating underlying cause		OR AS A CONSEOL	NAL NAL	FAILURE			
RDS, 20 equires t n signed Then ple to burio	NO		CANT CONDITIONS C			NOT RELATED TO THE TER	MINAL DISEASE OR CON	IDITION GIVEN IN	PART 1(0)
IL RECO	CERTIFICATION	19a DATE OF OPERATIO	N 196. COND	ITION FOR WHICH	H OPERATION	N WAS PERFORMED	200 AUTOPSY?	20b. IF YES, WE IN CERTIFYING YES	RE FINDINGS USED G CAUSES OF DEATH?
SION OF VITA PHYSICIAN: Ti ending physicit this certificate te buriol-transit ad Mental Hygi		210. ACCIDENT WAS UNDERL OR CONTRIBUTING CAUS (IF EITHER NOTIFY MEDICAL)	SE OF DEATH HOUR A		AY YEAR	21c. HOW INJURY OCCU	RRED (ENTER NATURE OF INJU	IRY IN ITEM 18 PART 1	DR PART 2)
DIVISION O or ottending or ottending After this cer is os the burio olith and Ment morked or ter	MEDICAL	21d INJURY OCCURRED	21e PLACE	OF INJURY REET, FACTORY, OFFICE.		211 LOCATION STREET	CITY OR TO)WN	COUNTY STATE
TEND ortel o ortel o TOR: A for use of Heo of Heo		22a I certify that (1) (th	is hospital) attended t	- 20 10	82 , on	d that in my (our) opinion	to		fram the causes stated
the hosp the hosp at DIREC efoched te Dept.		22b. SIGNATURE	298	2	0	ATTENDING PHYSICIAN	MEDICAL STA	FF /	221. DATE SIGNED 6-29-82
TO HOSPITAL Of retoined by the TO FUNERAL E should be detoined in the State of IMPORTANT; if		226. PHYSICIAN'S NAME	NDOQU	i M	D	22e. ADDRESS		The Paris of the	imone MD.
110 BP	23a E	BURIAL, CREMATION, REA	1 2/7			METERY OR CREMATORY	23d. LOCATION	200	unty State
DHMH-16 30M 2/80 (VRA 15, 4)		JNERAL DIRECTOR		1101 E		25a, D.4	TE REC'D. BY REGISTRAL		s signature

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6	1.	FOR STATE			DEPA			ALTH AND MENTAL HYG	IENE 8 2		4 6	7 3	9
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V		CEASED NAME	FIRST A	115	MIDDLE	201	LA	st .	20 DATE OF DEA	TH MONTH	DAY YEAR	26 HOUR	
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	1 SEX	EMALE		4 RACE	_			BIRTH DAY YEAR	6 AGE (IN YEARS)	LST BIRTHDAY)	IF UNDER TYE		MIN.
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20	10. CI	TY OR TOWN OF DEA			HOSPITAL, NU			ROTHER INSTITUTION	120 USUAL OCCU		12b. KIND	OF BUSINES	
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22	13a S	AL RESIDENCE (IF NURS	131 COUN	imore	13a. CITY OR 1 Luther	EFORE ADMISS	SIONT	134 INSIDE CITY LIMITS?	13. STREET ADDR	ESS			
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20	14. FA	THER'S NAME		MIDDLE	tast			15 MOTHER'S MAIDEN NA	ME ME	DLE		AST	
20		Grant		E.	Spurr						Wentz		
2	lón V	VAS DECEASED EVER		MED FORCES?	166 SOCIALS		10.	17 INFORMANT		DDRESS			
7		No			214-36-	-8461		Robert L. Bo	wersox	205 Mar	cgate Ro		
		18 CAUSE OF DEATH	H Enter on	ly ane cause per				1011	-	1.5	BETWEE	DXIMATE INTERVA	ATH
10		000		E CAUSE (a)	ARDIU	PULN	MON	ARY APRES					
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	z	PART 2 OTHER SIGN	NIFICANT C	CONDITIONS C	ONTRIBUTING	TO DEATH	BUTN	NOT RELATED TO THE TERM	INAL DISEASE OR	CONDITION	GIVEN IN PART	lia	
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/	FIC.	O O OPERAT	CO		MIAN			PUT ENSIGN	200 AUTOPSY?	IN CER	YES, WERE FINE PTIFYING CAUS	ES OF DEATH	?
-	ERT	210. ACCIDENT WAS UND	SE L	21b. TIME C		ND F	7 4		AERO NO	_	YES [NO 🗌	
4	131	OR CONTRIBUTING			M. MONTH	DAY Y	EAR	21c. HOW INJURY OCCURE	KED (ENTER NATURE O	FINJURY IN ITEM 1	18 PART I OR PART 2		
/	MEDICAL	21d. INJURY OCCUR		P. 21e PLACE	M.		19	2)F LOCATION					
	ME	were Classic			REET, FACTORY, OFF	ICE, FARM ET	< 1	STREET .	CITY	OR TOWN	COUNTY	STA	TE.
9		AT WORK AT WOR	RK —			(2)	191	82 1067	,	116	ALT		
		saw the decease		A 1 1			-	that in (my) (our) opinion	dooth assured on	Do data and b		c, that (1) (we	
	16.	abave, (I) (we) (d	lid) (did no			7		EGREE	Deom accorred an	ne date and n			30
		THE SIGNATURE	-	MINCH	200-	1	M) ATTENDING _	MEDICAL _	STAFF	(al	TE SIGNED	
7		22d. PHYSICIAN'S NA	ME LIVERO	R PRINT)	1000	-		PHYSICIAN _	DIRECTOR P	IYSICIANO	14)	6/82	-
/		(101)	1 1	M. Wr	Anl				. Hospi	TAR F	MT A	10	
-	22. 0	LIDIA) CREMATION	DEMOVA	Table DATE	11 1	12. NIAAAC	OF CF	0.			ا رای	7 6.5	
		URIAL, CREMATION, I SPECIFY) Cremat		6-18-	1982	Lou	don	METERY OR CREMATORY Park	Baltim	ore	· Mary	yland STA	TE

DHMH 16 50M 1/81 (VRA 15, 4)

Date of William	
NEW ASSESSMENT OF THE PARTY OF	

March 1

FOR

- STATE

DHMH - 16 50M 7/77 (VR A 15 (4))

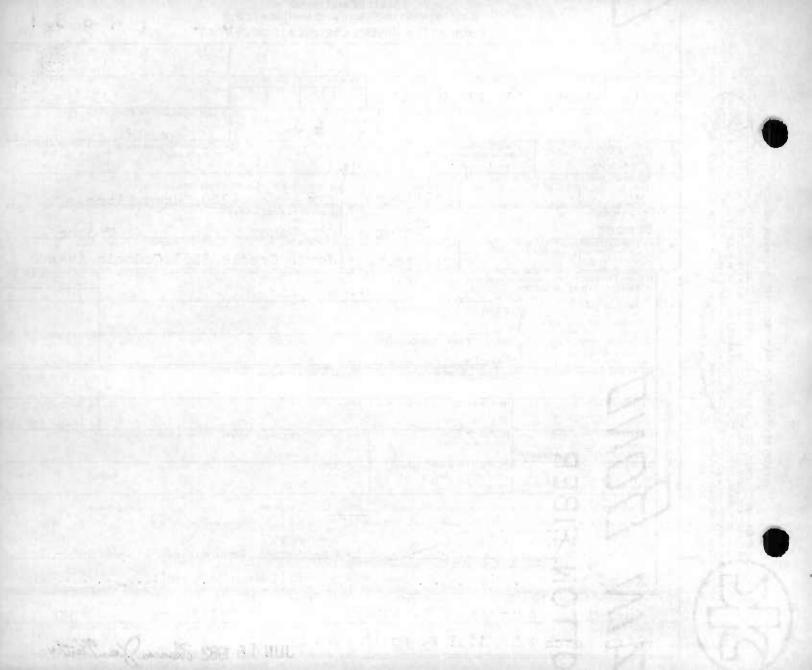
STATE OF MARYLAND

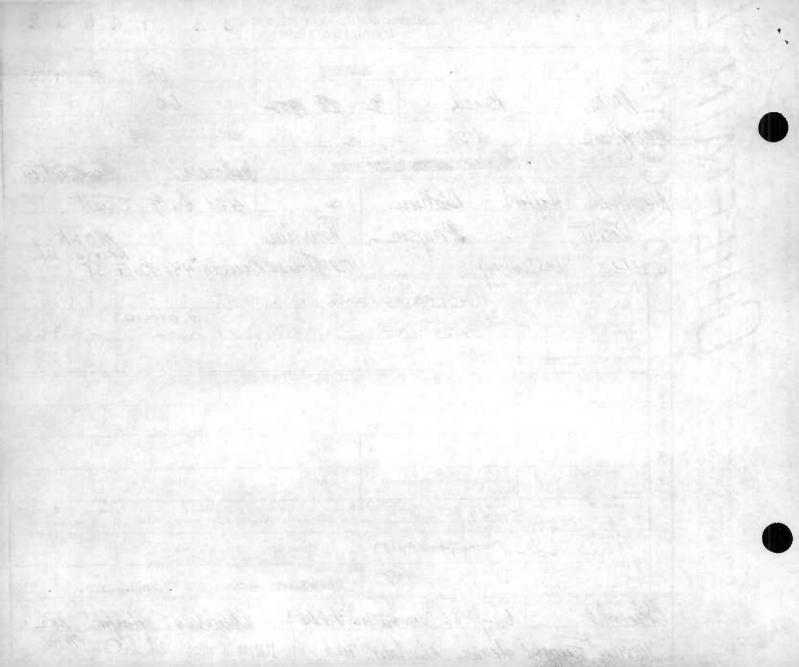
DEPARTMENT OF HEALTH AND MENTAL HYGIENE

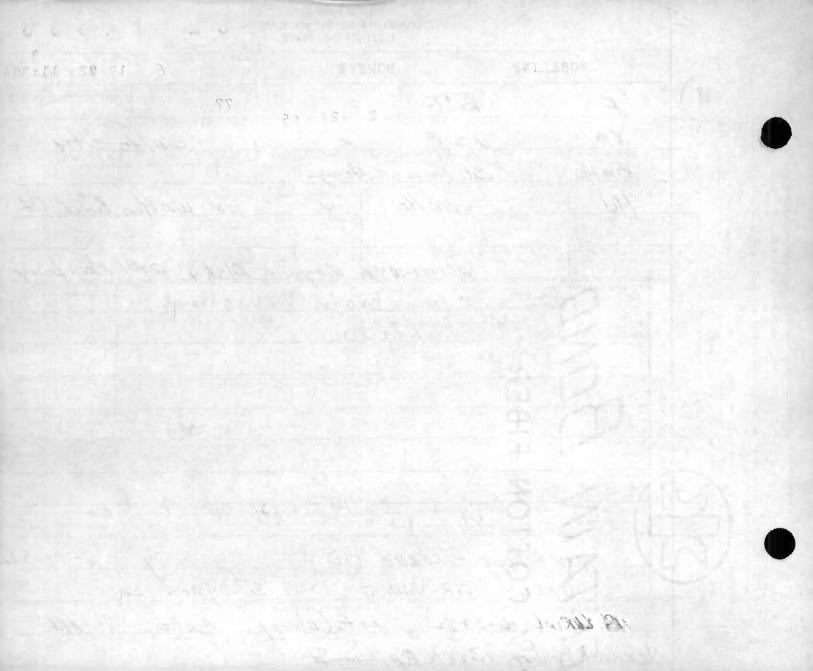
CERTIFICATE OF DEATH

The Buryane we transform to the tell threat the The tell the Land and the first of the first The last the training the last the second of ESIGNED WITH THE SHARE SHARE SHARE SHEET

DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE MEDICAL EXAMINER'S CERTIFICATE OF DE REGISTRAR I. DECEASED NAME KNOWN [X] 76 HOUR 20. DATE (TYPE OR PRINT) OF ESTI-DEATH MATED 19 82 GENEVA BOWSER 3 SEX 4 RACE DATE OF BIRTH 6. AGE (IN YEARS IF UNDER TYR. IF UNDER 24 HRS 21:15 DATE AST BIRTHDAY) PRONOUNCED 23 20 Female Black 10 61 DEAD 19 82 70. BIRTHPLACE (STATE OR Th CITIZEN OF WHAT COUNTRY? 9 BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED FOREIGN COUNTRY) VA USA DIVORCED WIDOWED Baltimore City 10 CITY OR TOWN OF DEATH II. NAME OF HOSPITAL NURSING HOME, OR OTHER INSTITUTION 176 KIND OF BUSINESS (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS) Baltimore Maryland General Hospital PM 3. RETAIN ND 2 SHOULD BI VITAL RECORD 13a. STATE 13c CITY OR TOWN 13d. INSIDE CITY LIMITS? 13e STREET ADDRESS 13b COUNTY Baltimore YES SO 1320 Eutaw Place MD NO 14 FATHER'S NAME 15 MOTHER'S MAIDEN NAME F MEDICAL EXAMINER ALONG WITH FORM PM, ED AS A BURIAL - TRANSIT PERMIT. PAGES 1 AND HEALTH AND MENTAL HYGIENE, DIVISION OF VIT, I CREMATION, OR REMOVAL. MIDDLE LAST MIDDLE LAST Ernest Tucker Loney Tucker 7. INFORMANT 160. WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO ADDRESS (YFS, NO, OR UNKNOWN) Joyce Credle 5533 Cedonia Avenue No 219-30-9441 18 CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c).) APPROXIMATE INTERVAL BETWEEN ONSET AND OF ATH PART I DEATH WAS CAUSED BY: IMMEDIATE CAUSE (0) Acute myocardial infarction DUE TO, OR AS A CONSEQUENCE OF Conditions, if any, which gove rise to immediate couse (a) stating the under-DUE TO, OR AS A CONSEQUENCE OF lying couse last. PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (d) CERTIFICATION NER: This ICATE, WRITING ITE.
ICATE, WRITING ITE.
TOR: PAGE SHOULD BE USED AS THE EFERMENT OF HEAT THE STATE DEPARTMENT OF HEAT THE 190 DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED? 20 AUTOPSY? DIVISION OF VITAL YES K NO [210 EXTERNAL CAUSE WAS 216 TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) HOUR A.M. MONTH DAY YEAR UNDERLYING OR MEDICAL CONTRIBUTING CAUSE OF DEATH PM 19 21d. INJURY OCCURRED 21e PLACE OF INJURY (AT HOME. 21f LOCATION STREET, FACTORY, FARM, ETC.) STREET STATE CITY OR TOWN COUNTY WHILE WHILE AT WORK MARYLAND, 22a I certify that I took charge of the remains described above, held on Autopsy Inspection EXECUTE THE CERTIFICA PAGE 4 SHOULD BE FI TO FUNERAL DIRECTO AFTER DEATH, WITH TH BALTIMORE, MARYLAN Natural couses X death resulted from Hamicide Undetermined manner TITLE (SPECIFY) ACTUAL DATE SIGNED 6-14-82 M.D. Assistant MEDICAL EXAMINER SIGNATURE 111 Penn St., Balto., Md. 21201 EXAMINER'S NAME Dixon. M.D. Ann M. 23d LOCATION 23a. BURIAL, CREMATION, REMOVAL 23b DATE 231, NAME OF CEMETERY OR CREMATORY STATE Mt. Auburn Cem. Baltimore Burial 24 FUNERAL DIRECTOR 250. DATE REC'D. BY REGISTRAR 256 REGISTRAR'S SIGNATURE **DHMH - 17** C. March F/H "I"101 E. North Ave. (VR A15 ME (5)) 20M 4/B2







TO HOSPITAL OR ATTENDING PHYSICIAN: The low requires that the death certificate be executed

retained by the haspital or ottending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the ottending physicion into should be detached for use as the burial-transit permit. Then please remove corbon papers. Pignewith the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

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within 24 hours ofter death. Page 4

1 - FOR 1 - STATE REGISTRAR	STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE & CERTIFICATE OF DEATH	2 REG. NO
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4 6

I. DECEASED NAME FIRST			REG.	NO.	
(TYPE OR PRINT)	WIDDIE	LAST	20 DATE OF DEATH	MONTH DAY YE	AR 26 HOUR
REBA	4.	BOYD	. 8 0	8 50 90	AIS
3. SEX	4. RACE	S. DATE OF BIRTH	6 AGE (IN YEARS LAST E		
F	W	MONTH DAY YEAR	65	YRS.	DATS HOURS MIN
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DHMH - 16 50M 1/B1 (VRA 15, 4)

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	/	Henry		dshaw	Susin	و			
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Of Can		SURIAL, CREMATION, REMOVAL			EMETERY OR CREMATORY				
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(VRA 15, 4)	W	m. C. March	E/H 1101	E. Nort	h Ave-	JUN 14 1987	There	0.	11.71

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Gardens of Faith

DHMH - 16 50M 1/B1 (VRA 15, 4)

24 FUNERAL DIRECTOR

Burial

23d LOCATION
CITY OR TOWN
Baltimore

Maryland

Leonard J. Ruck, Inc. Baltimore, Maryland

Jun 19 1982

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IMPORTANT: If them 21 is marked at Item 18 shaws any injury, or other troumatic event, the medical

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	ITY OR TOWN OF DEATH	11. NAME OF HOSPITAL,	NURSING HOME C		120 USUAL OCCUPAT			BUSINESSO
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ATION	gave rise to immediate cause (a), stating the underlying cause last	DUE TO, OR AS A CO	MULT, ALE	NOT RELATED TO THE TERM				
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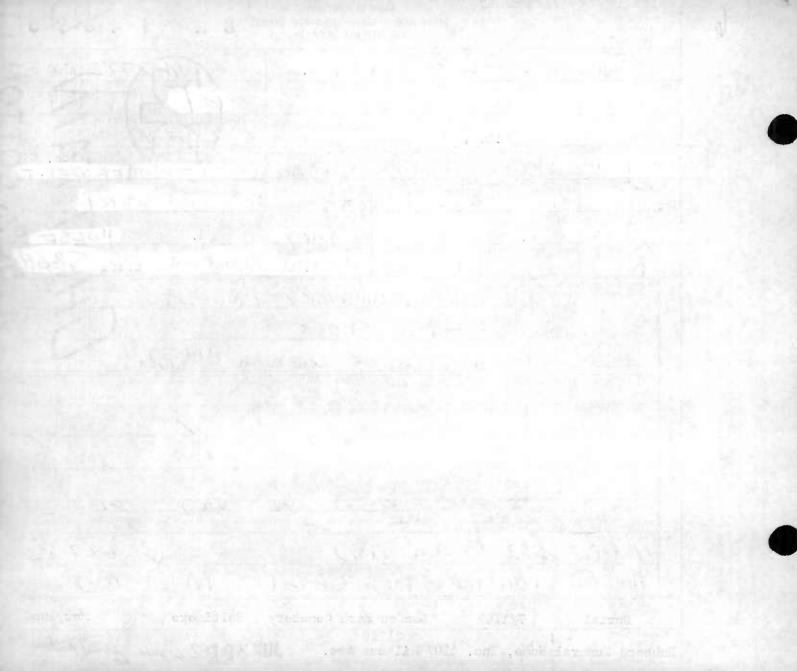
VAS. A. MORTON - Sons

1701 LAURENS

DEPARTMENT OF HEALTH AND MENTAL HYGIEN - STATE MEDICAL EXAMINER'S CERTIFICATE OF DEAT REGISTRAR DECEASED NAME KNOWN [] (TYPE OR PRINT) OF ESTI-PATRICIA RUTH BRANNER 19 4. RACE 3 SEX 6. AGE (IN YEARS | IF UNDER 1 YR. IF UNDER 24 HRS 2d HOUR DATE LAST BIRTHDAY) PRONOUNCED 11:15 F W 6/30/28 53 DEAD Th CITIZEN OF WHAT COUNTRY? BALTIMORE CITY OR COUNTY OF DEATH To BIRTHPLACE (STATE OR MARRIED NEVER MARRIED X Maryland USA DIVORCED Baltimore City TO, CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL, NURSING HOME, OR OTHER INSTITUTION 126 KIND OF BUSINESS Worker T.V. Station PM 3. RETAIN PA ND 2 SHOULD BE F VITAL RECORDS, 2 Office Baltimore Alameda Circle 3525 Alameda Circle 13a STATE 136 COUNTY 13r. CITY OR TOWN 13d INSIDE CITY LIMITS? Maryland YES X NO [] **Baltimore** 14 FATHER'S NAME 15. MOTHER'S MAIDEN NAME MIDDLE LAST MIDDLE Cecil Branner Audrev Moore DIVISION OF 166. SOCIAL SECURITY NO. 16a. WAS DECEASED EVER IN U.S. ARMED FORCES? ADDRESS I (IF YES, GIVE WAR OR DATES) 213 26 2174 No Robert Neubauer, Balto., Md 18 CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c).) BETWEEN ONSET AND DEATH IMMEDIATE CAUSE (0) Perforating gunshot wound of head (handgun) DUE TO, OR AS A CONSEQUENCE OF Conditions, if any, which gave rise to immediate DUE TO, OR AS A CONSEQUENCE OF cause (o) stoting the underlying couse lost. PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO GEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (g) 19a DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED? PRIOR TO BURIAL, E 3 SHOULD BE I 2) a EXTERNAL CAUSE WAS 716. TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART) OR PART 2) HOUR A.M. MONTH DAY YEAR IX OR UNDERLYING MEDICAL Self-inflicted CONTRIBUTING CAUSE OF DEATH MXX 6-7- 1982 214 INJURY OCCURRED 21e PLACE OF INJURY (AT HOME, AT WORK AT WORK TO MEDICAL EXAMINER: THIS CE EXECUTE THE CERTIFICATE, WRITH PAGE 4 SHOULD BE FORWARDED TO FUNERAL DIRECTOR; PAGE 3 AFER DEATH, WITH THE STATE OF BALTIMORE, MARYLAND, 21201 P STREET, EACTORY, FARM, ETC.) CITY OR TOWN STATE Alameda Circle Balto Md. home 22a. I certify that I took charge of the remains described above, held on Hamicide Undetermined manner Natural causes TITLE (SPECIFY) ACTUAL M.D. Assistant MEDICAL EXAMINER 6-7-82 SIGNATURE EXAMINER'S NAM 111 Penn St., Balto., Md. 21201 Ann M. Dixon, M.D. TYPE OR PRINTY ADDRESS 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION 23a BURIAL, CREMATION, REMOVAL 23b DATE STATE 6/8/82 Green Mount Balto Md Cremation 250, DATE REC'D. BY REGISTRAR 256 REGISTRAR'S SIGN. Henry W. Apolenkins & Sons Co. **DHMH - 17** Balto., Md. VR A15 ME (5) 4905 York Road 21212 20M 4/82

CELEN STERNING 218 20 6174 | Edinet Michean Balto Live

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DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

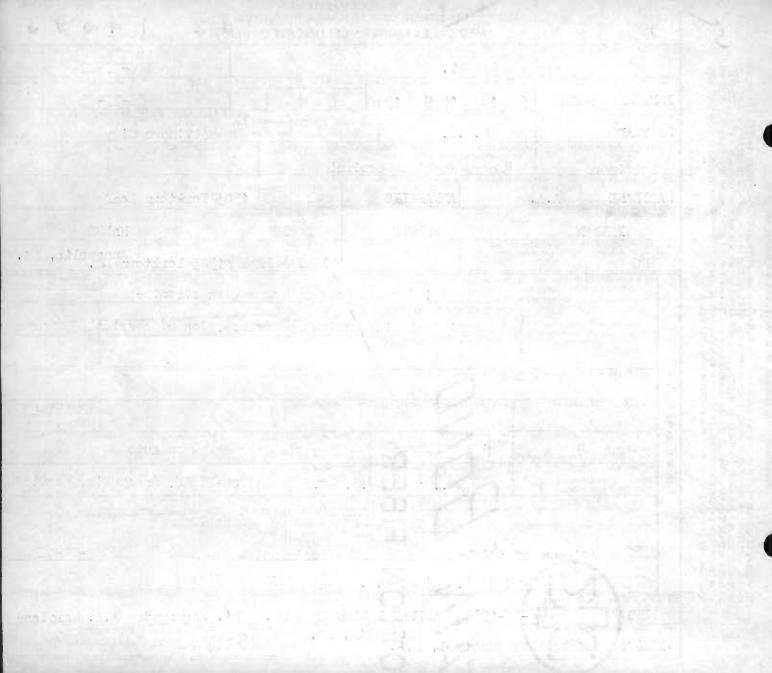
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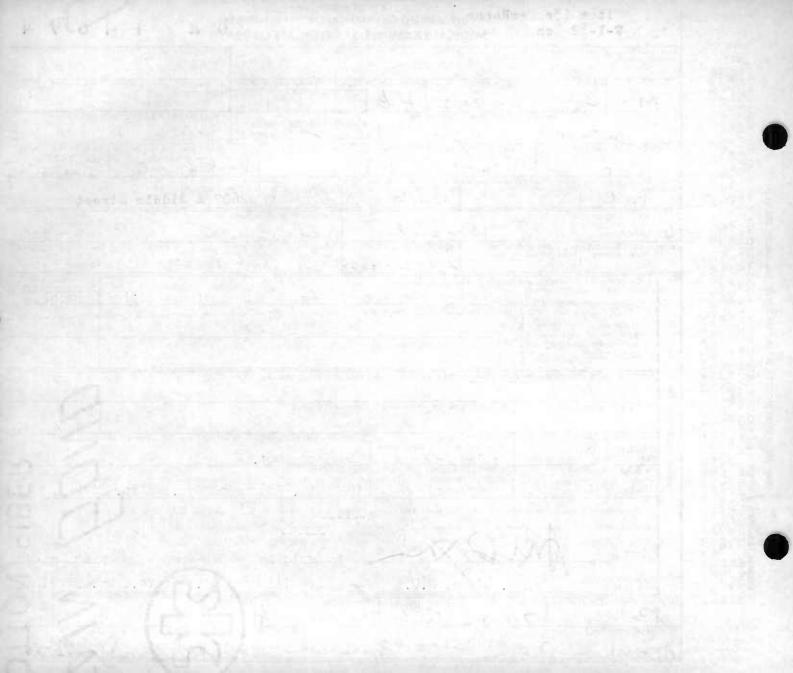
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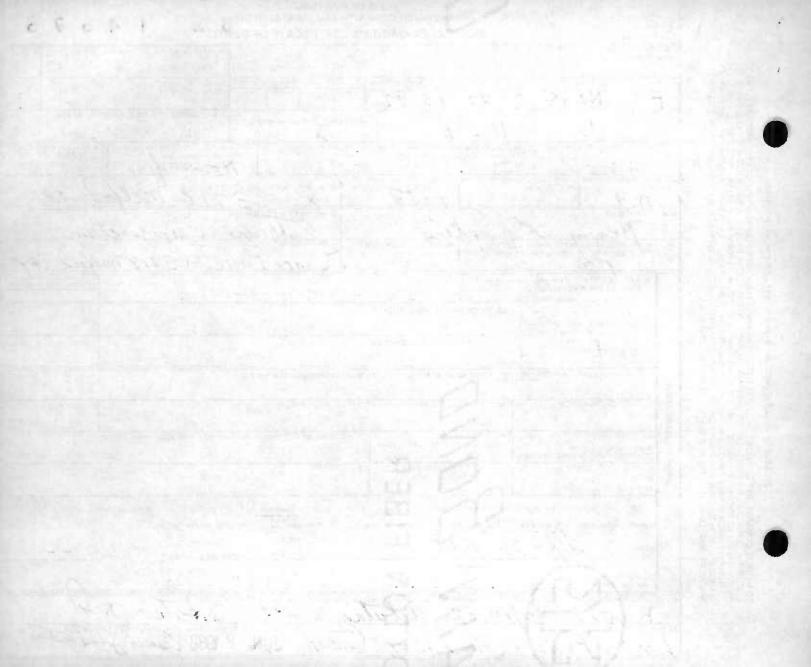
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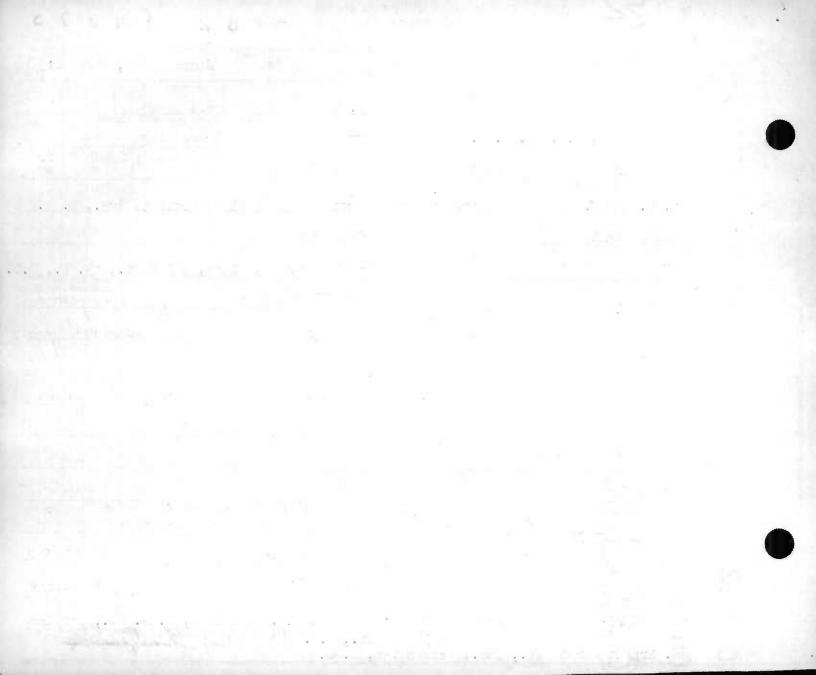


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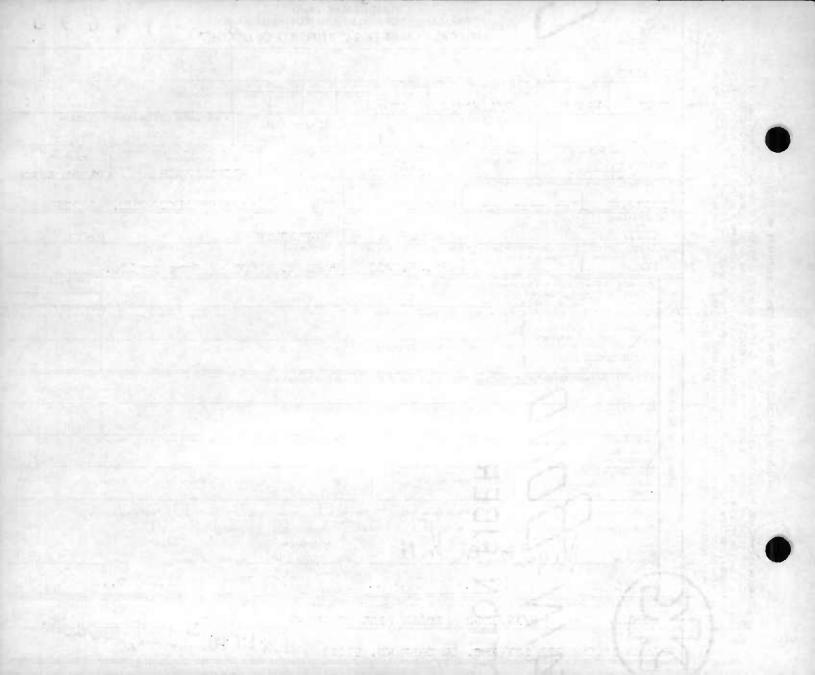
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DHMH-16 20M (VRA 15, 4) 7/78		Ernest Jarvis	Co., Inc.,	Washi	You ngtor	St., N.W. 2543	22 1982	PAR THE REG	O SECUL	Mary	



FOR DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE REGISTRAR REG. NO DECEASED NAME 20 DATE KNOWN TX MONTH 26 HOUR (TYPE OR PRINT) ESTI-Brockmeyer Sr. DEATH MATED 6 21 19 82 Joseph J HIMOM SEX 4 RACE IF UNDER 24 HRS DATE YEAR LAST BIRTHDAY) PRONOUNCED 29 03 21 1982 9 78 DEAD 6 Cau. BIRTHPLACE (STATE OR Th. CITIZEN OF WHAT COUNTRY? 9. BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED FOREIGN COUNTRY) Md. U.S.A. DIVORCED Baltimore City 120 USUAL OCCUPATION (TYPE OF WORK 12b. KIND OF BUSINESS OR INDUSTRY TO CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL, NURSING HOME, OR OTHER INSTITUTION Good Samaritan Baltimore Baker Retired USUAL RESIDENCE (IF IN NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) 13a STATE 13d. INSIDE CITY LIMITS? 13e. STREET ADDRESS 13b. COUNTY 5110 Belair Rd..21206 Md. Balto. 14 FATHER'S NAME 15. MOTHER'S MAIDEN NAME MIDDLE MIDDLE BURIAL - TRANSIT PERMIT. PAGES I AND AND MENTAL HYGIENE, DIVISION OF VIT NATION, OR REMOVAL. Mc Ginnis Michae] Brockmeyer Emma 160. WAS DECEASED EVER IN U.S. ARMED FORCES? 166. SOCIAL SECURITY NO 17. INFORMANT ADDRESS IYES, NO, OR UNKNOWN) I IF YES, GIVE WAR OR DATES) Carrie M. Brockmeyer 5110 Belair Rd 220-05-9091 18 CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH PART I DEATH WAS CAUSED BY Arteriosclerotic cardiovascular disease DUE TO, OR AS A CONSEQUENCE OF Canditions, if ony, which gave rise to immediate cause (o) stoting the under-DUE TO, OR AS A CONSEQUENCE OF lying cause last. PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 [6] COLOR ASA B CANTOF HEALTH A. TO BURIAL, CREAT CERTIFICATION 19a DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED? 20 AUTOPSY? OF VITAL NO DX FAGE 4 SHOULD BE FORWARDED TO THE C TO FUNRAR L DIRECTOR; RAGE 3 SHOULD BE AFTER DEATH, WITH THE STATE DEPARTMENT BALLIMORE, MARYLAND, 21201 PRIQE TO BU 21a EXTERNAL CAUSE WAS 216 TIME OF INJURY 21c. HOW INJURY OCCURRED LENTER NATURE OF INJURY IN ITEM TO PART 1 OR PART 2) HOUR A.M. MONTH DAY YEAR UNDERLYING OR MEDICAL CONTRIBUTING CAUSE OF DEATH P.M 21e PLACE OF INJURY LATHOME 214 INJURY OCCURRED 211. LOCATION AT WORK AT WORK STREET, FACTORY, FARM, ETC.) STREE1 CITY OR TOWN COUNTY STATE X 22a I certify that I too death resulted f Undetermined manner TITLE (SPECIFY) ACTUAL 6/22/82 -Deputy SIGNATURE MEDICAL EXAMINER EXAMINER'S NAME Thomas D. Smith, M.D. 111 Penn St., Balto., Md. 21201 (TYPE OR PRINT) PAL 23a BURIAL, CREMATION, REMOVAL 23b. DATE 23d LOCATION COUNTY Md. Balto. Burial 6-25-82 Balto. Cem. 250. DATE REC'D. BY REGISTRAR 256 REGISTRAR'S SIGNATURE 24 FUNERAL DIRECTOR **DHMH - 17** C. Miller Inc. 6415 Belair Rd. (VR A15 ME (5)) 20M 4/82

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20M 4/B2



STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

	FOR STATE REGISTRAR	DEPART	DEPARTMENT OF HEALTH AND MENTAL HYGIENE \$ 2 CERTIFICATE OF DEATH REG. NO.						
	1 DECEASED NAME FIRST (TYPE OR PRINT)	MIDDLE	LAST	20 DATE OF DEATH MONTH	DAY YEAR 26 HOUR				
	LOUIS	T.	BRODEUR	06	27 82 12;10 ^A _M				
	3 SEX	4. RACE	5. DATE OF BIRTH MONTH GAY YEAR	6. AGE (IN YEARS LAST BIRTHDAY)	MONTHS DATE HOURS MIN.				
6	MALE	WHITE	07 06 07	74 YRS					
	70 BIRTHPLACE (STATE OR FOREIGN	76 CITIZEN OF WHAT COUNTRY?	MARRIED W NEVER MARRIED	BALTIMORE CITY OR COUNT	TY OF DEATH				
9	NEW HAMPSHIRE	U.S.A.	WIDOWED DIVORCED	DAIWINODE OIM	Y MD.				
1	10 CITY OR TOWN OF DEATH		NG HOME OR OTHER INSTITUTION	12a USUAL OCCUPATION	126 KIND OF BUSINESS OR				
1	BALTIMORE	1820 SPENCE	STREET, APT. 101	CARPENTER	CONSTRUCTION				
5	USUAL RESIDENCE (IF NURSING HOME OF 136 STATE 136 COU		VN #13d INSIDE CITY LIMITS?	13e STREET ADDRESS 1820 SPENCE ST	21230 REET, APT. 101				
10	14 FATHER'S NAME	MIDDLE LAST	15. MOTHER'S MAIDEN N	AME					
	LOUIS	T. BRODEUI			LAGASSE				
	160 WAS DECEASED EVER IN U.S. AL	RMED FORCES? 166 SOCIAL SECU	URITY NO. 17 INFORMANT	ADDRESS					
1	NO NO	002-07-	9442 DEBBIE ELSF	ROAD 1802 SEXTON	ST., 21230				
7	Conditions, if any, which gave rise to immediate cause 101 stating the underlying cause last.	DUE TO, OR AUTONSEQUE DUE TO, OR ASS CONSEQUE TO CONDITIONS CONTRIBUTING TO	COMMY THY GEATH HAT NOT RELATED FOR THE YEAR	T28e AUTOPSY7 Zda # YI	METWER CHARLES AND DEATH OF ALL PROPERTY AND DE				
0	#			YES NO NO	ES NO				
1	00.000,000,000,000,000		PAY YEAR	IRRED (ENTER NATURE OF INJURY IN ITEM IB) PART TOR PART 2)				
	WHILE NOT WHILE OK CONTRIBUTION OF ANOTHER O	210 PLACE OF INJURY (AT HOME STREET, FACTORY OFFICE, F	FARM, ETC) 211 LOCATION STREET	CITY OR TOWN	COUNTY STATE				
	saw the decrased alive or obave, (I) (we) (did) (did n	otol attended the deceased from 19	19 00 and that in (my) (aur) apınia	n death accurred on the date and ha	, 19, that (I) (we) last our and from the causes stated				
	M. Miam	1. Bryson	2 M ATTENDING PHYSICIAN	MEDICAL STAFF DIRECTOR PHYSICIAN	224. DATE SIGNED				

WILLIAM J. BRYSON, M.D. CREMATION 06-30-82

THE PHYSICIAN'S NAME I THE OFFERIT

WESTVIEW MALL 231 NAME OF CEMETERY OR CREMATORY LOUDON PARK

11 MDDRESS

23d LOCATION
CITY OR TOWN

BALTIMORE CITY

74 FUNERAL DIRECTOR 21229
HUBBARD FUNERAL HOME, INC. 4107 WILKENS AVE.

REGISTRAR 256 REGISTRAR'S SIGNATURE

MARYLAND

REGISTRAR 256 REGISTRAR'S SIGNATURE

MARYLAND

DHMH - 16 50M 1/B1 (VRA 15, 4)

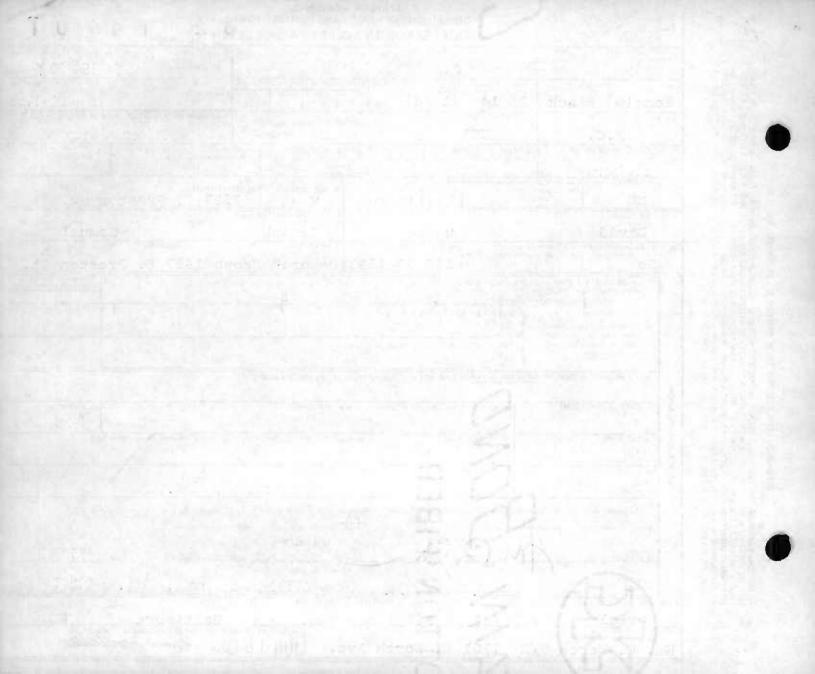
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					STATE OF MARYLAND		
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2 7			Nettie	н.	BROOKS	DUNE	15 1982 12 B
2 4		3. SE	K	4 RACE	5 DATE OF BIRTH	6 AGE (IN YEARS LAST BIR	THOAY) IF UNDER LYEAR IF UNUER 24 HRS
-1			Female	Black	MONTH DAY YEAR O 9	7,3	YRS.
14月	15/1		Country N.C.	76 CITIZEN OF WHAT COUNTRY	MARRIED X NEVER MARRIED	K. 1/-	R COUNTY OF DEATH
C VINI	14 V	-		USA	WIDOWED DIVORCED	11/11/02	e Cyf MD
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212	300	050	ESIDENCE (IF NURSING HOME OR O	OTHER INSTITUTION GIVE RESIDENCE BEFO	RE ADMISSION)		
S S	20		mo	BaH;		3111	wynns falls
d and	500	14.E	Charles	AIDDLE LAST	15 MOTHER'S MAIDEN NA	AME MIDDLE	LAST
# 5 0 T	0	16a \	VAS DECEASED EVER IN U.S. ARA			ADDRE	SS
NOW BOOM	9/		(IF YES, GIVE	WAR OR DATES) 213-01		- 10:1a	3111
ALTIN e be	36	-	NO		Elich Soud DE	ODKZILLIE	an Pope Guynns Pal
ficot ficot pop	ent,		18 CAUSE OF DEATH (Enter only PART I. DEATH WAS CAUSED		nd ic		BETWEEN ONSET AND DEATH
Cert.	ic ev		IMMEDIATE		ulatory faction		4860005
deoth c	a E		C IV V	DUE TO, OR AS A CONSEQU	JENCE OF	+	7 (0,
e de	frot	413	Conditions, if any, which gove rise to immediate	(b) 100 yo	cardial Ingar	clean	3 wesks
W. I	ther	m	cause (a), stating the underlying cause last.	DUE TO, OR AS A CONSEQU	JENCE OF		
201 s th	0 0		DARK D. OTHER CLOSE OF THE	(c)			
ps, agn sign hen	jury	Z	PART 2 OTHER SIGNIFICANT CO	ONDITIONS CONTRIBUTING TO	DEATH BUT NOT RELATED TO THE TERA	MINAL DISEASE OR CONI	DITION GIVEN IN PART 110
DIVISION OF VITAL RECORDS, NG PHYSICIAN: The low requirentending physicion. After this certificate has been signs of the buriol-tronsit permit. Then	À	CERTIFICATION	190 DATE OF OPERATION	196 CONDITION FOR WHICH	H OPERATION WAS PERFORMED	200 AUTOPSY?	206 IF YES, WERE FINDINGS USED
RE lov	W S C	FIC	The Brite Or O' Elliminor.	The Condition of Which	OF ENAMED		IN CERTIFYING CAUSES OF DEATH?
TAI The sicro sicro sicro sicro sicro	sho of	ERT	21a. ACCIDENT WAS UNDERLYING	21b. TIME OF INJURY	71, HOW INDEED OCCUP	YES NO	YES NO
JAN: physical infical infical	_ / /		OR CONTRIBUTING CAUSE OF DEAT		DAY YEAR 216 HOW INJURY OCCUR	TRED LENTER NATURE OF INJUR	Y IN ITEM IS PART 1 OR PART 2)
SIC	Hea	MEDICAL	(IF EITHER NOTIFY MEDICAL EXAMINER)	P.M.	19		
PHY tend this he b	o pa	MEC		210 PLACE OF INJURY (AT HOME, STREET FACTORY OFFICE.	FARM ETC.) 211 LOCATION STREET	CITY OR TO	NN COUNTY STATE
DIV ING	orke		AT WORK				
OR: A	is a		22a. I certify that (I) (this hospita	M			
R ATTI hospit	2 2 2		saw the deceased alive on obove (11) we) did (did not			death accurred an the do	ite and haur and from the causes stated
0 . 0 4 6	H He		226. SIGNATURE	- 11	DEGREE	11501011	22c. DATE SIGNED
SPITAL d by th	D		Ololies	Kent	MD ATTENDING PHYSICIAN [MEDICAL STAF	FIAND 6/15/82
SPI d b	TATA		22d. PHYSICIAN'S NAME (TYPE OR	PRINT)	22e ADDRESS		
TO HOSP etained TO FUNE should be	MPORTANT		Robert	.R. Kent	2600 Ciberty	Height's Ave	Rulto 21215
5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5	3 ≤		URIAL, CREMATION, REMOVAL	23b. DATE 23c	NAME OF CEMETERY OR CREMATORY	23d LOCATION	
5 3 BP			Burial	6/19/82 F	Irbutus Mem.	BOLT.	or Co. mo
6HMH - 16 50M	1/81	24 Ft	NERAL DIRECTOR		25a DA	TE REC'D. BY REGISTRAR	256 REGISTRAR'S SIGNATURE
(VRA 15, 4)	1.	m. C. Marc	1 F/H MADDRESS	& North Ave 11	IN 1 6 1000	H O W

Mary Comment of the Mary Mary ES ES Wallet 312437 F1 2 W 19 3 H + 11 2 4 0 0 9 9 0.00 that tonging the same that CHEFICE · CASH List commend agast most if Lewis Juntate School of 13-10-E12 Burney Will 22 Arbertes more colorida Con Com with the second Strate of the second second

DEPARTMENT OF HEALTH AND MENTAL HYGIEN - STATE MEDICAL EXAMINER'S CERTIFICATE OF DE REGISTRAR DECEASED NAME KNOWN X MONTH (TYPE OR PRINT) OF ESTI-Betty Brown J. 1519 82 3. SEX 4. RACE 6. AGE (IN YEARS 5. DATE OF BIRTH IF UNDER I YR IF UNDER 24 HRS 2d HOUR DATE PRONOUNCED Black Female DEAD 15 19 32 11:35 TO BIRTHPLACE (STATE OR 7b. CITIZEN OF WHAT COUNTRY? 1. BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED FOREIGN COUNTRY S.C. USA Baltimore City WIDOWED X DIVORCED 10. CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL NURSING HOME, OR OTHER INSTITUTION Johns Hopkins Hospital Baltimore 130 STATE 13h COUNTY 13d. INSIDE CITY LIMITS? 13e STREET ADDRESS MD Baltimore 1627 E. Preston St. YES X NO [] 14 FATHER'S NAME 15. MOTHER'S MAIDEN NAME MIDDLE MIDDLE David White Beulah Samuel 160. WAS DECEASED EVER IN U.S. ARMED FORCES? 166. SOCIAL SECURITY NO. 17. INFORMANT ADDRESS DIVISION No 248-90-1593 Deborah Brown 1627 E. Preston St. 18 CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) BETWEEN ONSET AND DEATH PART I DEATH WAS CAUSED BY Acute subdural hematoma JAMMEDIATE CAUSE (a) DUE TO, OR AS A CONSEQUENCE OF Canditions, if any, which gave rise to immediate cause (a) stating the under-DUE TO, OR AS A CONSEQUENCE OF lying cause last. PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (d) CERTIFICATION 19a. DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED? 20 AUTOPSY? O BURIAL, YESXX NO [210 EXTERNAL CAUSE WAS 21b. TIME OF INJURY 216 HOW INJURY OCCUPRED LENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 21 HOUR A.M. MONTH DAY YEAR UNDERLYING MEDICAL 6/15 19 82 fell CONTRIBUTING CAUSE OF DEATH Te PLACE OF INJURY 21f LOCATION 1627 EastPrestonST, Balto., MD AT WORK bedroom 220. I certify that I taak charge of the remains described above, held an Inspection death resulted fram: Hamicide Undetermined manner TITLE (SPECIFY) ACTUAL DATE 5/16/82 Assistant MEDICAL EXAMINER SIGNATURE EXAMINER'S NAME Penn Street, Balto.MD 21201 Ann M. Dixon M.D. 230 BURIAL, CREMATION, REMOVAL 236. DATE 23d LOCATION STATE Burial 6/21/82 Baltimore Cem MD 24 FUNERAL DIRECTOR **DHMH - 17** 1101 E. North Ave. Wm. C. March F/H (VR A15 ME (5))

20M 4/82



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STATE OF MARYLAND PARTMENT OF HEALTH AND MENTAL HYGIE CERTIFICATE OF DEATH	ENE 8	2 REG. NO		4	1	0
LAST	2a. DATE C	OF DEATH	HTMON	DAY	YEAR	26 HO

		FOR STATE REGISTRAR				DEPARTMENT OF HEALTH AND MENTAL HYGIENE 8 2 REG. NO.							4/02		
		CEASED NAME ORPRINI)	Dorotl		WIDDLE	1000	Brown	June 26, 19				DAY	YEAR	26 HOU	R
	_	Female		RACE White		5. DATE O		1898	6 AGE (IN	YEARS LAST B	(RTHDAY)	IF UNDER	R I YEAR DAYS	IF UNDER	24 HRS
5	Ma	RTHPLACE (STATE OR F COUNTRY) ryland ITY OR TOWN OF DEA		U.S.	WHAT COUNTRY? A. HOSPITAL, NURSIN	MARRIE		ORCED [Bal		or count	У		8USINE	MD.
/		altimore AL RESIDENCE (IF NURS		Baltim	ore City	ADDRESS) Hospi			(TYPE OF WO		OF WORKING	LIFE) IND	USTRY	003#4	.33 OR
5	13 M	aryland	Balti		13 Dundalk		13d INSIDE CIT	Y LIMITS?	13e. STREE		elena	Ave	. 21	222	
20	14. FA	George	M	IDDLE	Batz			MAIDEN NA/ Igaret	ME	MIDDLE	_0		LA51		
2		VAS DECEASED EVER YES, NO OR UNKNOWN)		ED FORCES? WAR OR DATES)	166 SOCIAL SECU 214-01-		17 INFORMAN	IT		ADDI	RESS 166 Bal	Wi Lto.			
		Conditions, if ony, gove rise to imm couse (o), statin underlying couse	which nediote g the	DUE TO, O	RAS A CONSEQUE RAS A CONSEQUE RAS A CONSEQUE	NCE OF		DIO PU						MATE INTER	
1	CERTIFICATION	PART 2. OTHER SIGN		/		UTING TO DEATH BUT NOT RELATED TO THE TERMI OR WHICH OPERATION WAS PERFORMED			RMINAL DISEASE OR CONDITION GIVEN IN PART 200. IF YES, WERE FIN IN CERTIFYING CAU: YES \(\text{VES} \(\text{VES} \)				FINDIN	NDINGS USED	
1	MEDICAL CER	21d. ACCIDENT WAS UND OR CONTRIBUTING CO (IF EITHER, NOTIFY MEDIC 21d. INJURY OCCURR WHILE NOT WHAT WORK AT WORK	AUSE OF DEATH	P. 21e. PLACE	M. MONTH DA	19	211 LOCATION STREET		RED (ENTERN	CITE OF INJ		PART 1 OR P		5	TATE
		220. I certify that sow the decease obove, (I) (we) (d	(this hospito	6/2	1/82 10		DE GREE	1981 Dur) Opinion of TENDING HYSICIAN	MEDICAL	STA	AFF .		om the c	ouses sto	we) lost

D FUNERAL DIRECTOR WPORTANT: If Hem 21 is

DHMH - 16 50M 1/81 (VRA 15, 4)

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morked or Item 18 shows ony injury, or other troumotic

23a BURIAL, CREMATION, REMOVAL Burial 236. DATE 6/29/1982

YPE OR PRINT)

231 NAME OF CEMETERY OR CREMATORY Oak Lawn

22e ADDRESS

23d LOCATION

Baltimore

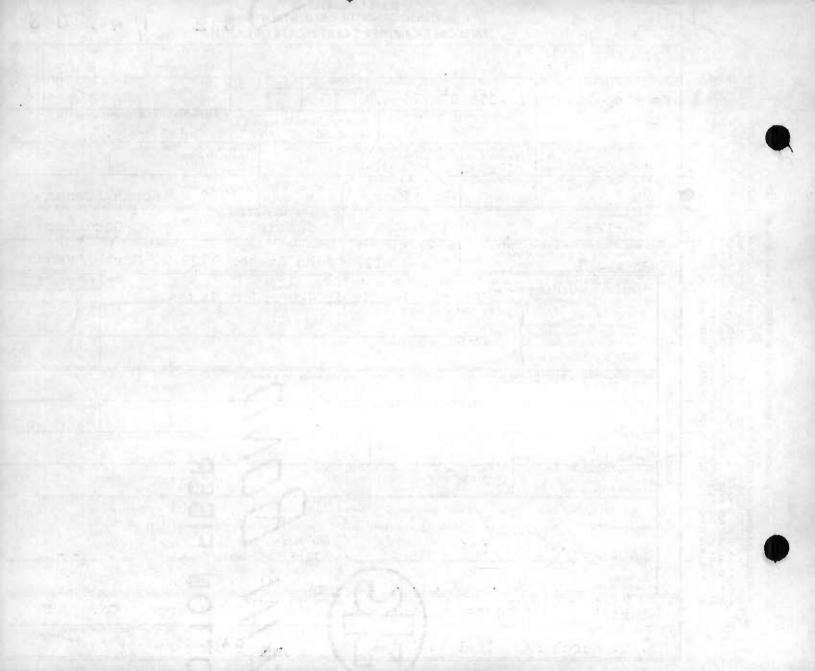
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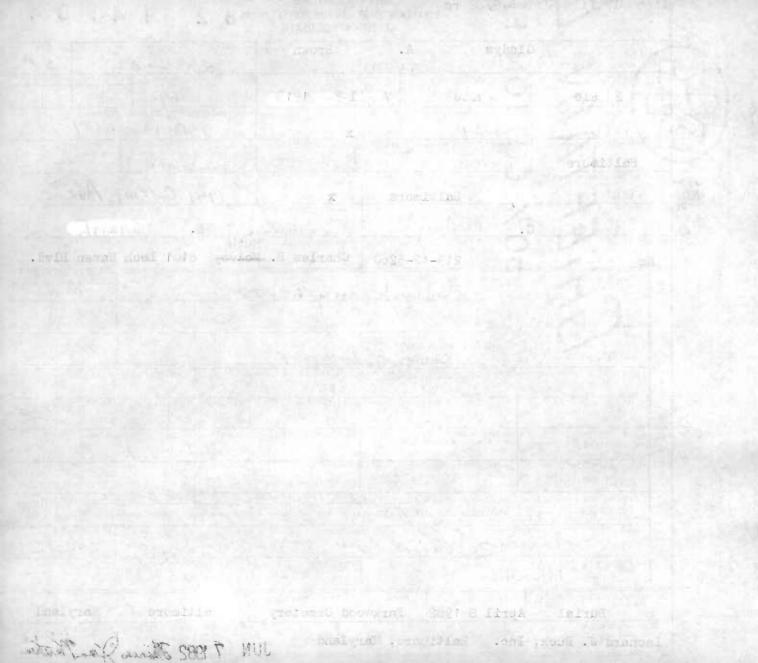
24 FUNERAL DIRECTOR 7922 Wise Ave. Dundalk, MD 21222 Duda-Ruck Funeral Home of Dundalk, Inc.

A PARTY OF THE PAR

	REGISTRAR	MEI	DICAL EXAMIN	IER'S C	ERTIFICATE	OF DEATH - RI	EG. NO.	103
	CEASED NAME FIRST PE OR PRINT) EISI	e	MIDDLE		°OWN	20 DATE KNOW OF EST DEATH MAT	and the same of th	5 1982
2	emale Black	5. DATE OF BIRTH	07 6. AGE (IN YE	ARS IF UND	DER TYR. IF UND	ER 24 HRS. 2c. DATE PRONOUNCED DEAD	MONTH 6	5 19 82 P.
	SIRTHPLACE (STATE OR OREIGN COUNTRY) MD		SA	WIDOWE		RCED Balt	imore Ci	
E	Baltimore	1729 W	PITAL, NURSING HOMI CRUTY, GIVE STREET ADDRESS) North Ave	enue	r institution	126. USUAL OCCUPATIO FOR MOST OF WORKING LI		126 KIND OF BUSINESS OR INDUSTRY
13a, S	AL RESIDENCE (IF IN NURSING HOME STATE 136 COU		13c CITY OR TOWN Baltimo	re	134 INSIDECITY LIMITS: YES X NO [North	Avenue
14. F/	Charles	WIDDIE	Mills		15. MOTHER'S MA	le MIDDLE		rdener
16a. V (Y	WAS DECEASED EVER IN U.S. AI YES, NO, OR UNKNOWN) (IF YES, GIV NO	RMED FORCES? E WAR OR DATES)	212-22-	,	John La	awson 1729	W, Nort	h Avenue
	Canditions, if ony, which gave rise to immediate couse (a) stating the under lying cause last. PART 2 DIMER SIGNIFICANT CONDITION	(b)	AS A CONSEQUENCE AS A CONSEQUENCE BUT NOT RELATED TO THE TERM	OF	OR CONDITION GIVEN IN			
Z								
FICATIO	19a. DATE OF OPERATION	196 CONDIT	TION FOR WHICH OPER	RATION WA	AS PERFORMED?			20 AUTOPSY?
CAL CERTIFICATION	190. DATE OF OPERATION 210. EXTERNAL CAUSE WAS UNDERLYING OPERATION	216. TIME OF HOUR A.M	INJURY MONTH DAY YEA	21c. HO		RED (ENIER NATURE OF MURY IN	ITEM 18 PART 1 OR PAR	YES NOX
MEDICAL CERTIFICATIO	210 EXTERNAL CAUSE WAS UNDERLYING OR CONTRIBUTING CAUSE OF	21b. TIME OF HOUR A.M DEATH P.M.	INJURY MONTH DAY YEA	21c. HO	W INJURY OCCUR	RED (ENTER NATURE OF INJURY IN	ITEM 18 PART 1 OR PAR	YES NOX
MEDICAL CERTIFICATIO	21a EXTERNAL CAUSE WAS UNDERLYING OR CONTRIBUTING CAUSE OF 21d. INJURY OCCURRED WHILE NOT WHILE AT WORK AT WORK 22a Certify that I took char death resulted from: Nat ACTUAL SIGNATURE EXAMINER'S NAME	21b. TIME OF HOUR A.M. P.M. 21e PLACE C STREET, FACT True of the remains desi	INJURY . MONTH DAY YEA . 19 DF INJURY (AT HOME, ORY, FARM, ETC.) cribed obove, held on Accident , St	21f. LOC ST Autops:	ATION REET y, Inspec Homicide TITLE (SPECIFY) D. ASSISTA	Tion XX, Inquiry, Undetermined monner MEDICAL EXAMINER	and in my ap. DATE SIGNET	YES NO XX
WEDICAL 73a B	21a EXTERNAL CAUSE WAS UNDERLYING OR CONTRIBUTING CAUSE OF 21d INJURY OCCURRED WHILE NOT WHILE AT WORK AT WORK 22a I certify that I taak chai death resulted from: Nat ACTUAL SIGNATURE	21b. TIME OF HOUR A.M. 21e. PLACE O STREET, FACT rge of the remains desurgated uses XX TMEZ R. Gu	INJURY MONTH DAY YEAR 19 DF INJURY (ATHOME, ORY, FARM, ETC.) cribed obove, held on Accident , Sc ard, M.D.	Autops; Autops; Autops; Autops; Autops; Autops; Autops; Autops;	ATION REET Inspec Homicide TITLE (SPECIFY) D. ASSISTA	tion X , Inquiry , Undetermined monner	and in my ap. DATE SIGNED	YES NO XX INTY STATE

20M 4/82





| Baltimore | X 12 Mota Park Fatons Conur 15 4 727 Aire. James Assistant, Band., Will. The state of the s Section 1 Dr. Myund H. Shur. M.D. 11 Sett Starrens, Balto., Nat. Chairminion 1967 82 Green Wount A CAR STONE KILL

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head 3			CEASED NAME OR PRINT)	FIRST DSEPH		EDWard		Brown		20. DATE OF DE	ATH MONTH	Z5 8Z	25. HOUR
do. p		3. SE)	Male		4. RACE White		8	OF BIRTH	YEAR	6. AGE IN YEARS	YRS.	MONTHS DAYS	IF UNDER 24
	5		Balto. Md.		76. CITIZEN OF	4.	WIDOV	VED D	MARRIED	Ba	ltimore	City	
the the	2/		Balto.		Bal	timore (ity H	OR OTHER INS	TITUTION	Bureau	MOST OF WORKING	LIFE) INDUSTRY Balto	o. (i
filled hould be	5	13e. S	L RESIDENCE (IF NURS	13b. COUN		13 CITY OR T	OWN	13d. INSIDE C	NO 🗌		rankfor	d Avenue	2-2120
and 2 s	20	14. FA	THER'S NAME PIRST Wa	lter !	J. Brown	LAST		15. MOTHER	S MAIDEN NA FIRST Kath	erine Mo	rlen	LAS	T
Poges 1	/		AS DECEASED EVER ES, 9 OR UNKNOWN)		MED FORCES?	217-10		Mrs.		Brown	618 Fna	inkford t	1ve2
it. Then please rior to burial, cre		VION	couse (o), stotin underlying couse	NIFICANT C	ONDITIONS C	ELAM	TO DEATH BU	ON				ES, WERE FINDIN	
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os the but the ord worked or		MED	21d. INJURY OCCURI	OLE 🗍		OF INJURY REET, FACTORY, OFF	ICE, FARM, ETC]	211. LOCATI	ON T	CI	IY OR TOWN	COUNTY	ŞTA
CTOR: A d for use 1. of Heal			220.1 certify that (1) sow the decease above, (1) (we) (6)	ed olive on.	5 124	1	-12 mg		19 72) (our) opinion	deoth occurred o	the date and he	our and from the	
ERAL DIRE CRAL DIRE Compared detached State Dept ANT: If Item			226 SIGNATURE	Mag	1208			14)	ATTENDING PHYSICIAN	MEDICAL DIRECTOR	STAFF PHYSICIAN (6/Z	16/82
TO FUNERA should be do with the Stot			27d PHYSICIAN'S N.	MA MA		H.D		220 ADDRES	RAVEN	VetEran	's HOSPX	tal	
5		23a. 8	URIAL, CREMATION, SPECIFBURIAL	REMOVAL	23b. DATE 6-29-	-		CEMETERY OR		234 LOCATIO		e.M.	514
H - 16 50M 4/82 (VRA 15, 4)		24. FU	John (M	Ller	Inc-64	15 Bela	in Rd.	21206	254.30	N30 19	AR 254 REGI	STRARE SIGN	auth

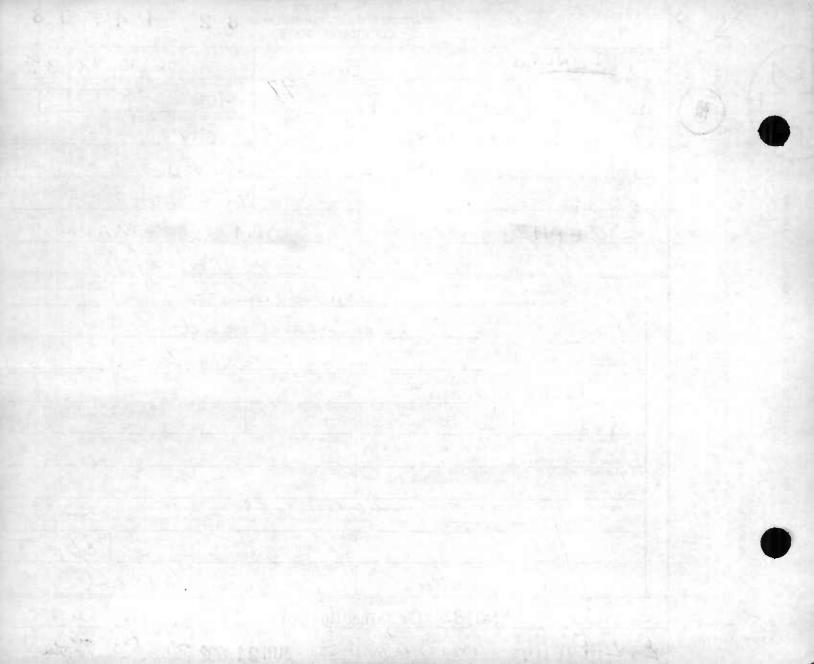
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Professional Authority Company Company Company

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MARYLAND 21201 ed within 24 hours of mpletely little in by and 2 should be its exportant personner.	60	TATE O ADDICTOR SHIRL CITY OR	13d INSIDECITY LIMITS? YES NO	130 STREET ADDRESS ASSESSION ASPENDITION	51
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HOSPITAL OR inned by the h FUNERAL DIR unid be detoche in the Store Dept.		22d. PHYSICIAN'S NAME TYPE OR PRINT)	DEGREE ATTENDING PHYSICIAN [122e ADDRESS	MEDICAL STAFF DIRECTOR PHYSICIAN	DATE SIGNED
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(VR A 15 (4))	1	NAME & Bhillips 1721 N	Monrae St. IIIN	21 1092 71 man Van	Tierthen



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		1.	FOR STATE REGISTRAR		DEPARTA		LTH AND MENTAL HY ATE OF DEATH	GIENE 8 2	0.	107	
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/ISIG	T C C . T	MEDI	WHILE IN NOT WHILE IN	(AT HOME, STREE	T, FACTORY, OFFICE, F	ARM, ETC.)	STREET	CITY OR TOV	IN C	OUNTY STAT	31
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	hosp hosp the feet of them 2		obove, (I) (we) (did) (did no 22b. SIGNATURE	ot view the body a	ser death.		GREE			22c. DATE SIGNED	
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	HOSPITAL ned by the FUNERAL old be det the Stote		22d PHYSICIAN'S NAME (TYPE C	OR PRINT)	-4	12	ADDRESS	DIRECTOR PHYSIC	IAN	010110	2
			1 Ansens	-A. 1	Cusian	m	CUMA	mond 10	OSPIC.	m	
1,10	My Shot of the Man	23a F	URIAL, CREMATION, REMOVAL				ETERY OR CREMATORY	23d LOCATION			_
140	BP	1	Removal	7/1/82			and the state of t	CITY OR TOWN	COUR	NTY STATE	
	DHMH - 16 50M 1/76	24 FI	INERAL DIRECTOR	1, -, -,			25a. DA	TE REC'D. BY REGISTRAR	IS PREGISTED	S SICA PRINT	
	(VR A 15 (4))	A	natomy Board	Balt	O - Md		JU	6 1987	home of	des / section	

mary amilia Mole Centensian in the state of Sept Com Man Vaccing the state of the state Township Financially Decorptions Mark Co County and an extension of the Market PARTIES HUSHINGS CORNER / 1839, ORL

After this certificate has been signed by the attending physician and camplerely failed eas the buriol-transit permit. Then please remove carbon papers. Pages Land 2 should the

DHMH - 16 50M 1/81 (VRA 15, 4)

IMPORTANT: If Item 21 is morked or Item 18 shows any injury, or other troumatic event, the r TO FUNERAL DIRECTOR: After this certificate has been signed by the ottending physics should be detached for use as the burial-transit permit. Then please remove carbon paper with the State Dept. of Health and Mental Hygiene prior to burial, cremation, ar removal.

1-	FOR - STATE REGISTRAR	D		HEALTH AND MENTAL HYD FICATE OF DEATH	REG. NO.	4710
	CEASED NAME FIRST	WIDDLE		LAST	20 DATE OF DEATH MONTH	DAY YEAR 26 HOUR
	Willi		Brown	Sr.	June 26, 198	2
3 SE		4 RACE		OF BIRTH	6. AGE (IN YEARS LAST BIRTHDAY)	IF UNDER 1 YEAR IF UNDER 24 H
	Male	Black	MONT.	14 89°	93 _{YRS.}	MONTHS DATS HOURS A
	IRTHPLACE (STATE OR FOREIGN COUNTRY)	76. CITIZEN OF WHAT COL	JNTRY? 8	D X NEVER MARRIED	9. BALTIMORE CITY OR COUNTY	OFDEATH
	VA	USA	WIDOWI	ED DIVORCED	Baltimore	City
	Baltimore	11. NAME OF HOSPITAL, (IF NOT IN SUCH FACILITY, GI	31st. S	or other institution	126 USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKING LI	12b. KIND OF BUSINESS INDUSTRY
130.	AL RESIDENCE (IF NURSING HOME OF STATE 136 COULD	NTY 13c. CITY C	ice before admission) OR TOWN Limore	13d INSIDE CITY LIMITS? YES 🗽 NO 🗌	13e. STREET ADDRESS 2004 E. 31st	t. St.
14. FA	TOM	Brow		Nannie	WE	LAST
160 V	VAS DECEASED EVER IN U.S. AF	VE WAR OR DATEST	AL SECURITY NO.	17 INFORMANT	ADDRESS	
	YES, NO OR UNKNOWN)] IF YES, GI	217	703 7502	6 William B	rown, Jr. 430	E, 20th St
CERTIFICATION	PART 2 OTHER SIGNIFICANT (CONDITIONS CONTRIBUTION 196. CONDITION FOR			IN CERTIF	VEN IN PART 100 S, WERE FINDINGS USED YING CAUSES OF DEATH?
CERT	210. ACCIDENT WAS UNDERLYING			21c. HOW INJURY OCCURI	YES NO YE	
	OR CONTRIBUTING CAUSE OF DE		TH DAY YEAR			
MEDICAL	21d. INJURY OCCURRED WHILE NOT WHILE AT WORK	21e. PLACE OF INJURY (AT HOME, STREET, FACTORY,		211 LOCATION STREET	CITY OR TOWN	COUNTY STATE
	220.1 certify that (1) (this haspi sow the deceased alive an above, (1) (we) (did) (did no	ital) attended the deceased	A. —	nd that in (my) (our) opinion	death occurred on the date and hou	19_ \$2 , that (II (we) or and from the causes stated
	22b. SIGNATURE	alean Wi	D		MEDICAL STAFF DIRECTOR PHYSICIAN	120 DATE SIGNED
	22d. PHYSICIAN'S NAME (100)	PH AHEHR	1-12		HNS Horieins	HOSPITAL
1	Burial Burial	7/1/82		more Cem.	23d LOCATION CITYOR TOWN Baltimore	COUNTY STATE
24 FU	UNERAL DIRECTOR Wm. C. March		Baltin E. Nort	25a. DAT	Baltimore EREC'D. BY REGISTRAR 256 REGIST N 29 1982 Pages	M

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AND AND SAMES HILL	Constitution of the state of th

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE & - STATE CERTIFICATE OF DEATH REGISTRAR REG. NO I. DECEASED NAME LAST 20 DATE OF DEATH MONTH LTYPE OR PRINTS ELMER BRUSHWILER 19 06 3 SEX 4 RACE DATE OF BIRTH 6 AGE (IN YEARS LAST BIRTHDAY) MONTH YEAR MALE WHITE 03 03 18 64 BIRTHPLACE (STATE OF FOREIGN 76 CITIZEN OF WHAT COUNTRY? 9. BALTIMORE CITY OR COUNTY OF DEATH MARRIED & NEVER MARRIED COUNTRY MARYLAND BALTIMORE CITY U.S.A. WIDOWED DIVORCED [O CITY OR TOWN OF DEATH NAME OF HOSPITAL NURSING HOME OR OTHER INSTITUTION 12a USUAL OCCUPATION (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS) (TYPE OF WORK FOR MOST OF WORKING LIFE) BALTIMORE ST. AGNES HOSPITAL - E.R. LETTER CARRIER SUAL RESIDENCE LIF NURSING HOME OR OTHER INSTITUTION. GIVE RESIDENCE BEFORE ADMISSIONS POSTAL SERVICE 13a STATE 13h COUNTY 13c. CITY OR TOWN 13d INSIDE CITY LIMITS? 13e STREET ADDRESS **MARYLAND** BALTIMORE 1212 HAVERHILL ROAD YES X 4 FATHER'S NAME 15 MOTHER'S MAIDEN NAME MIDDLE LAST MIDDLE WILLTAM GERTRUDE BRUSHWILER ADDRESS 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 16b SOCIAL SECURITY NO 17 INFORMANT (YES, NO OR UNKNOWN) HE YES, GIVE WAR OR DATES! YES WW TT RUTH BRUSHWILER 1212 HAVERHILL ROAD 220-01-1452 18 CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c) PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (a Conditions, if ony, which gove rise to immediate cause (a), stoting the DUE TO, OR AS A CONSEQUENCE OF underlying cause last CATION

PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART LIQ 19n DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED 20a AUTOPSY? 20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? NON 210 ACCIDENT WAS UNDERLYING 21h TIME OF INJURY 211. HOW INJURY OCCURRED (ENTERNATURE OF INJURY IN ITEM 18 PART I OR PART 2) HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH (IF EITHER NOTIFY MEDICAL EXAMINER) P.M 216 INJURY OCCURRED 21e. PLACE OF INJURY 211 LOCATION

220 I certify that (1) (this haspital) prended the deceased fram . 19062. and that in (my) (our) opinion death ocurred on the date and hour and from the couses stated saw the deceased alive an. above, (1) (we) (did) (did nat) very the bady after death

226. SIGNATURE DEGREE ATTENDING LA MEDICAL

PHYSICIAN 22e. ADDRESS

5501 FOREST PARK AVENUE

KENNARD YAFFE. M.D 23a. BURIAL, CREMATION, REMOVAL 23h DATE 23c NAME OF CEMETERY OR CREMATORY

(SPECIFY) LOUDON PARK BURIAL 06 - 22 - 8224 FUNERAL DIRECTOR

AT HOME STREET, FACTORY, OFFICE, FARM, ETC 1

BALTIMORE CITY MARYLAND

CITY OF TOWN

DIRECTOR PHYSICIAN

2h HOUR

12h, KIND OF BUSINESS OR

TROGLER

U.S. GOV'T

9:35A M

82

IF LINDER I VEAR

INDUSTRY

21229 HUBBARD FUNERAL HOME, INC. 4107 WILKENS AVE.

DHMH - 16 50M 1/81 (VRA 15, 4)

MPORTANT

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MEDICAL

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DIVISION OF VITAL RECORDS,

FOR

REGISTRAR

DECEASED NAME

24 FUNERAL DIRECTOR

DHMH - 16 50M 1/81

(VRA 15, 4)

- STATE

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH MIDDLE Warren 20. DATE OF DEATH MONTH 2h HOUR Bryant June 6, 1982 12;10pm IF UNDER I YEAR 9 BALTIMORE CITY OR COUNTY OF DEATH Baltimore City 12b. KIND OF BUSINESS OR (TYPE OF WORK FOR MOST OF WORKING LIFE) 8II Clintwood Ct. Carter Agnes Richardson 3712 Cranston Ave. TRACT INFECTION & PNEUMONIA MULTIPLE DECUBITI 20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? NO F 216 HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 7) COUNTY STATE 19_82 , and that in (my) (<u>our)</u> opinion death occurred on the date and hour and from the couses stated 22c DATE SIGNED BALTO. 21218 Baltimore Co. 25a DATE REC'D. BY REGISTRAR 251 REGISTRAR'S FIRMALIJIR 8 1982 Wm. C. March F/H 1101 E. North Ave.

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Dundalk, MD. 21222

7922 Wise Avenue

(VRA 15, 4)

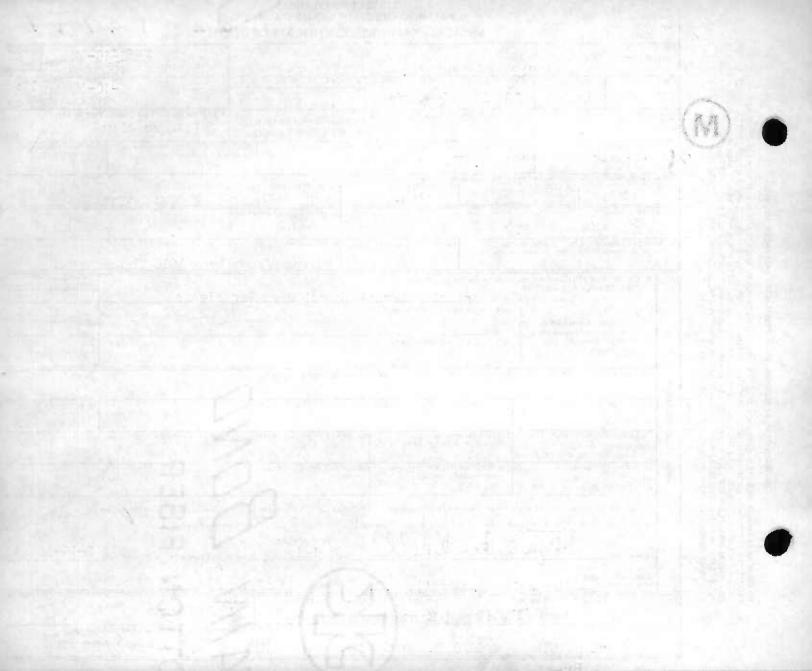
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FOR DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE MEDICAL EXAMINER'S CERTIFICATE OF DEATH REGISTRAR I. DECEASED NAME FIRST KNOWN XX 20. DATE 7b HOUR (TYPE OR PRINT) OF ESTI-R FILES. HOURS STREET, DEATH MATED ANNIF BUND 19 SEX 4 RACE 5. DATE OF BIRTH 6. AGE (IN YEARS IF UNDER 1 YR. IF UNDER 24 HRS 7 110490 DATE 6-10-82 LAST BIRTHDAY PRONOUNCED 15 Female Black 12 04 77 YRS DEAD ам a BIRTHPLACE (STATE OR 7b. CITIZEN OF WHAT COUNTRY? 9. BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED REIGN COUNTRY) Md. Baltimore City USA DIVORCED WIDOWED CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL, NURSING HOME, OR OTHER INSTITUTION 120 USUAL OCCUPATION (TYPE OF WORK 126 KIND OF BUSINESS FOR MOST OF WORKING LIFE) OR INDUSTRY Thomas Avenue Baltimore USUAL RESIDENCE (IF IN NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) 13g STATE 13b. COUNTY 13c. CITY OR TOWN 13d. INSIDE CITY LIMITS? 13e. STREET ADDRESS ND 2 SHOU VITAL PEC Md. Balto. YES X 1818 Thomas Avenue NO [14. FATHER'S NAME 15. MOTHER'S MAIDEN NAME GES 1. AND OF VIE MIDDLE MIDDLE LAST LAST John J. Johnson Olivia GIVE PAGES M. Johnson 160. WAS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SECURITY NO. 7 INFORMANT ADDRESS PERMIT, PAGES I (YES, NO, OR UNKNOWN) I (IF YES, GIVE WAR OR DATES) B. GIVE No 1818 Thomas Ave. Minnie V. Kellv CAUSE OF DEATH (Enter only one cause per line for (o), (b), and (c),) BURIAL - TRANSIT PERMIT AND MENTAL HYGIENE, ATION, OR REMOVAL. BETWEEN ONSET AND DEATH PART I DEATH WAS CAUSED BY IMMEDIATE CAUSE (0) Arteriosclerotic cardiovascular disease DUE TO, OR AS A CONSEQUENCE OF Canditions, if any, which gave rise to immediate cause (a) stating the under-DUE TO, OR AS A CONSEQUENCE OF lying cause last. PART 2 DIHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (a) ED AS A E CERTIFICATION USED OF HE 190 DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED? BURIAL, 2B. AUTOPSY? YES 🗌 E 3 SHOULD BE NXX 210. EXTERNAL CAUSE WAS 21b. TIME OF INJURY 21c HOW INJURY OCCURRED LENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) 0 HOUR A.M. MONTH DAY YEAR OR UNDERLYING MEDICAL PRIOR CONTRIBUTING CAUSE OF DEATH TO MEDICAL EXAMINER: THIS CERTIFICATE, WRITING: EXECUTE THE CERTIFICATE, WRITING: PAGE 4 SHOULD BE FORWARDED TO FUNEAL DIRECTOR: PAGE 3 SHA AFTER DEATH, WITH THE STATE DEPAI BALTIMORE, MARYLAND, 21201 PRIQ 21e PLACE OF INJURY (AT HOME 214 INJURY OCCURRED 211. LOCATION STREET, FACTORY, FARM, ETC. STREET CITY OR LOWN WHILE AT WORK COUNTY STATE 220. I certify that I taak charge of the remains described above, held an Autapsy Inspection and in my apinian Natural causes XX death resulted fram: Undetermined manner ACTUAL DATE 6-10-82 ssistant SIGNATURE MEDICAL EXAMINER EXAMINER'S NAME 111 Penn STreet TYPE OR PRINT ADDRESS 230. BURIAL, CREMATION, REMOVAL COUNTY STATE 6/17/182 Baltimore Md. Burial Eastview Mem .. BP 24 FUNERAL DIRECTOR 256. BEOISTRAR'S SIGNATURE 250 DATE REC'D. BY REGISTRAR **DHMH - 17** 1101 E. North Ave. (VR A15 ME (5)) Wm C March F/H 20M 4/82



3331 Brehms Lane, Balto. Md. 21213

- STATE

(VRA 15, 4)

REGISTRAR

STATE OF MARYLAND
DEPARTMENT OF HEALTH AND MENTAL HYGIENE

CERTIFICATE OF DEATH

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() ()	3. SE	X	4 RACE		S. DATE	OF BIRTH	6 AGE (IN YEARS LAST BIRTHDAY)	MONTHS DAYS HOURS MIN.
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AND 21	13a S	AL RESIDENCE (IF NURSING HOM STATE 136 CC laryland		13c. CITY OR	town imore	13d INSIDE CITY LIMITS? YES X NO	13e. STREET ADDRESS 4603 Roland	Avenue
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M b dub		William	E.	Lamb		Anna		enhouse
IMORE of execute execute property medico			ARMED FORCES?	166. SOCIAL	SECURITY NO.	17 INFORMANT	ADDRESS	
Time be de s. Po	_	No		2		Norbert J.	Burke	Same APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
DIVISION OF VITAL RECORDS, 201 W. PRESTON ST Offending physicion. Offer this certificate has been signed by the attending of the buriolitronsit permit. Then please remove corbor th and Mental Hygiene prior to buriol, cremotion, or required or tem 18 shows any injury, or other traumatic evoked or tem.	CERTIFICATION	gave rise to immediate couse la, stating the underlying couse last PART 2 OTHER SIGNIFICAN 190. DATE OF OPERATION	DUE TO, C	ONTRIBUTING	HEM I		MINAL DISEASE OR CONDITION G	ES, WERE FINDINGS USED
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the horses of the position of		226 SIGNATURE	Ca	urt	evi	DEGREE ATTENDING PHYSICIAN	MEDICAL STAFF DIRECTOR PHYSICIAN	224 DATE SIGNED
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STATE OF MARYLAND

1 - STATE REGISTRAR			DEPART		IEALTH AND	MENTAL HYG	IENE 8	2 REG. NO.	14	7	2	1
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BALTIN		(IF NOT IN SU	HOSPITAL, NURS IN CH FACILITY, GIVE STREET	ADDRESS)	OR OTHER INS		TYPE OF WORK	CCUPATION FOR MOST OF WOR	KING LIFE) IN[ivil	OR
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14. FATHER'S NAME		MIDDLE	LAST		15. MOTHER"	S MAIDEN NA	ME	MIDDLE		LAST		
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160 WAS DECEASED		MED FORCES?	16b SOCIAL SECU	JRITY NO.	17 INFORMA	IM) THI	ie)	ADDRESS	Same	as		
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23a BURIAL, CREMAT	ION, REMOVAL	23h DATE		NAME OF C	EMETERY OR (REMATORY F	23d LOCA	TION PRIOWN PRIOWN PRIOR	nie	Δ Λ.	STAT M	

Glen Burnie, 250 DAMAND

MD.

Glen

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DHMH - 16 50M 1/81 (VRA 15, 4)

BP.

TO FUNERAL DIRECTOR:

should be detached for use as the burial-transit permit. Then please remove corbanpape with the State Dept-of Health and Mental Hygiene prior ta burial, crematian, or removal this certificate has been

MPORTANT: If Hem 21 is marked or Item 18 shows any

NERAL DIRECTOR THE Singleton Funeral Home ADDRESS

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FOR

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STATE OF MARYLAND

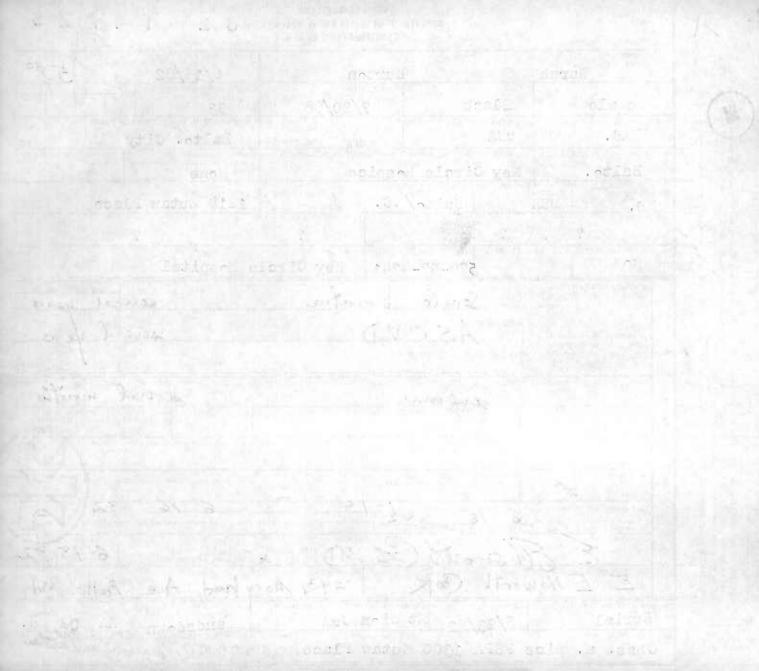
DEPARTMENT OF HEALTH AND MENTAL HYGIENE 3

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STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE MEDICAL EXAMINER'S CERTIFICATE OF DE REGISTRAR DECEASED NAME 20. DATE KNOWN IX MONTH (TYPE OR PRINT) ESTI-LFROY DEATH MATED 1982 4. RACE 3. SEX DATE OF BIRTH IF UNDER 1 YR DATE 2d HOUR LAST BIRTHDAY PRONOUNCED 6:40 MALE BLACK 24 DEAD 70 BIRTHPLACE (STATE OR b. CITIZEN OF WHAT COLINTRY? 9. BALTIMORE CITY OR COUNTY OF DEATH MARRIED X NEVER MARRIED FOREIGN COUNTRY) DIVORCED Baltimore City II. CITY OR TOWN OF DEATH NAME OF HOSPITAL NURSING HOME, OR OTHER INSTITUTION 120. USUAL OCCUPATION (TYPE OF WORK 1120 KIND OF BUSINESS OR INDUSTRY Woodworking Co Baltimore 13a STATE 13c. CITY OR TOWN 130. STREET ADDRESS 13d. INSIDE CITY HARTS? 1016 Rutland Ave. MD BALTO. 14. FATHER'S NAME 15 MOTHER'S MAIDEN NAME FIRST MIDDLE LAST MIDDLE encil in Item 18. give pages 1, Miner Along With Form PM Transit Permit. Pages 1, and Ntal Hygiene, division of VII TOM MYRTLE HORSEY 160. WAS DECEASED EVER IN U.S. ARMED FORCES? 7 INFORMANT ADDRESS LYES. NO. OR UNKNOWN) I HE YES, GIVE WAR OR DATES REGINALD HORSEY, 1016 Rutland 18 CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c).) APPROXIMATE INTERVAL
BETWEEN ONSET AND DEATH PART I DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o) Cranio-cerebral trauma with complications DUE TO, OR AS A CONSEQUENCE OF Canditions, if ony, which gove rise to immediate couse (a) stating the under-DUE TO, OR AS A CONSEQUENCE OF lying cause lost. PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (d) 190 DATE OF OPERATION 19h CONDITION FOR WHICH OPERATION WAS PERFORMED? 28 AUTOPSY? NO X 210. EXTERNAL CAUSE WAS 216. TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART) OR PART 2) HOUR AN MONTH DAY YEAR UNDERLYING DOR 1:30P.M. 5-29-Subject fell off wall. CONTRIBUTING CAUSE OF DEATH 216 PLACE OF INJURY (AT HOME. 21F LOCATION 21d. INJURY OCCURRED AT WORK AT WHILE STREET, FACTORY, FARM ETC 1 CITY OR TOWN STATE 1900 E. Madison Ave. Balto wall Md. 22a. I certify that I took charge of the remains described above, held an Inspection X Accident X death resulted from: Natural causes Undetermined manner TITLE (SPECIFY) ACTUAL M.D. Assistant MEDICAL EXAMINER 6-7-82 SIGNATURE EXAMINER'S NAME Ann M. Dixon, M.D. 111 Penn St., Balto., Md. 21201 (TYPE OR PRINT) 10-82 KINE MEMORIAL BALTO, Md. 18 250. DATE REC'D. BY REGISTRAR 25b. REGISTRAR'S SIGNATURE **DHMH - 17** (VR A15 ME (5) 5209 YORK Rd 20M 4/82

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Leonard J. Ruck Inc. Baltimore, Maryland

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(VRA 15, 4)

REGISTRAR

STATE OF MARYLAND
DEPARTMENT OF HEALTH AND MENTAL HYGIENE 😤

CERTIFICATE OF DEATH

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		CEASED NAME FIRST	MIGDLE		LAST	20 DATE OF DEATH	MONTH DAY YEA	2b. HOUR
	3. SE	EDNA	ELIZABETH	BUTL			06/25/82	8:15am
		Female	Black	MON	TO/O1	6 AGE (IN YEARS LAST BIR		EAR IF UNDER 24 HRS
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3	13a. S	AL RESIDENCE (IF NURSING HOME OF STATE 136 COUR	NTY 13c CITY OR	TOWN		13e STREET ADDRESS	Vincent S	st.
no	14 FA	THER'S NAME FIRST	MIDDLE LAS	Ť	15 MOTHER'S MAIDEN NAM			LAST
14		James	Jackson		Elizabeth	n	Warne	
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4	(.	URIAL, CREMATION, REMOVAL Burial JURIAL DIRECTOR	23b. DATE 6/30/82		emetery or crematory alvary Cem.	23d. LOCATION Brookly	m Å.A	CO. Md.
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STATE OF MARYLAND

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£ 4			erine	Butta	1	20 DATE OF DEATH 6-27-82	MONTH DAY	YEAR 26 HOUR	N
deal	3 SE		14 RACE	S. DATE O	0//1	AGE (IN YEARS LAST BIR	THDAY) IF UNDER	82 230	MC
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in for	NO.							1	
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may pag ter de	3. SE		4 RACE	5 DATE		6. AGE (IN YEARS LAST BIRTH	IDAY) IF UNDER I YEAR	3 A-M
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BALTIMORE, cate be execute spicion and ca ppers. Pages 1 val. t, the medical		YAS DECEASED EVER IN U.S., YES, NO OR UNKNOWN) (IF YES,	ARMED FORCES? 16b SO	CIAL SECURITY NO.	17 INFORMANT	ADDRES	2 PARKEL Tol	andan
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he law re has been to re the print.	CERTIFICATION	19a DATE OF OPERATION	196 CONDITION FO	DR WHICH OPERATIO	N WAS PERFORMED	20a AUTOPSY?	20b. IF YES, WERE FINDING IN CERTIFYING CAUSES O	GS USED OF DEATH?
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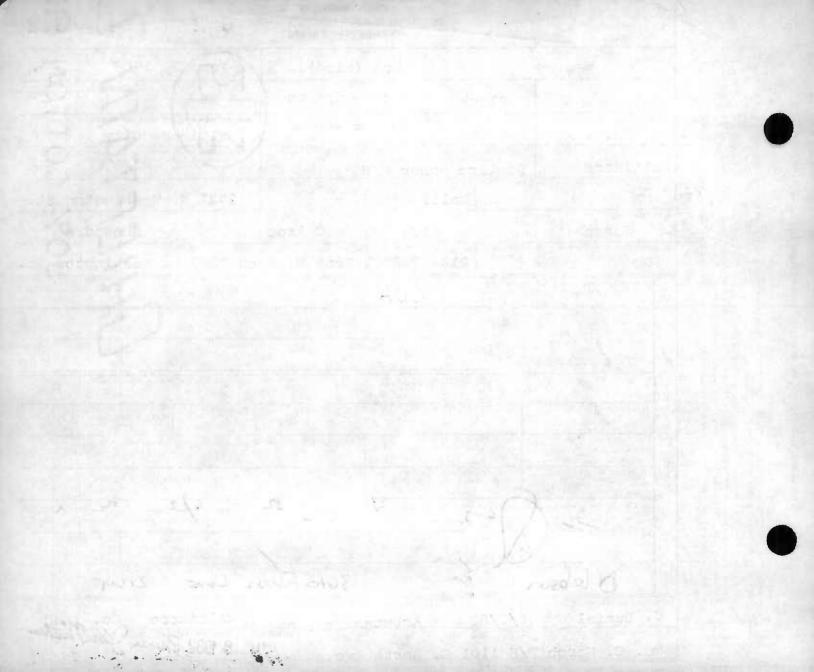
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364		1	1			STATE OF MARYLAND			
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	1 13	1	3. SE		A. RACE	S. DATE OF BIRTH	6 AGE (IN YEARS LA	the state of the s	
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•	the state	1//		RTHPLACE STATE OR FOREIGN	76 CITIZEN OF WHAT COUNTR	Y? 8 MARRIED NEVER MARRIE WIDOWED DIVORCE	D	TY <u>OR</u> COUNTY OF DEAT	Н
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<u>_</u>	bee bee	ou (3	190 DATE OF OPERATION		HOPERATION WAS PERFORMED	200 AUTOPSY?	20b. IF YES, WERE FIL	NDINGS USED
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	R A hosp	ept.		22b. SIGNATURE	ot) view the body ofter death.	DEGREE		22€ €	DATESIGNED
	the the	T E		HIGH	Mirait	MY ATTEND	ING MEDICAL	STAFF CON CON	0/14/82
	by by	Sto Sto		22d. PHYSICIAN'S NAME (TYPE C	OR PRINT)	22e. ADDRESS	JAN DIRECTOR TH	ISICIAITU	1 10
- 124 -	HOS prined	with the Stote		H. P. SUL	LIVANT, JR	M.D. THE JOI	HNS HOPKINS	HOSPTTAT	1
,	0 de 0 de	M M	23a. E	URIAL, CREMATION, REMOVAL		NAME OF CEMETERY OR CREMA		//-	()
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0	DHMH - 16 50	M 1/81	24 F	INERAL DIRECTOR)	11 0	Sa. DATE REC'D. BY REGIST		NATURE
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DHMH - 16 50M 1/B1 (VRA 15, 4)

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE CERTIFICATE OF DEATH REGISTRAR REG NO 1. DECEASED NAME 20 DATE OF DEATH MONTH 7b HOUR (TYPE OR PRINT) Byrd (Bird) June 3, 1982 Edward 3. SEX 4 RACE 5. DATE OF BIRTH 6 AGE (IN YEARS LAST BIRTHDAY) IF UNDER LYFAR 97 30 85 Black Male O BIRTHPLACE ISTATE OR FOREIGN TE CITIZEN OF WHAT COUNTRY? 9 BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED S.C. USA Baltimore City WIDOWED DIVORCED 10 CITY OR TOWN OF DEATH 1. NAME OF HOSPITAL NURSING HOME OR OTHER INSTITUTION 12ª USUAL OCCUPATION 126 KIND OF BUSINESS OR (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS) (TYPE OF WORK FOR MOST OF WORKING LIFE Baltimore Pimlico Manor N/H 2027 N. Washington St. 136 COUNTY Baltimore MD YES XT 4 FATHER'S NAME 15 MOTHER'S MAIDEN NAME Joseph Bird Chlroe Sheppard 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 66 SOCIAL SECURITY NO. 17 INFORMANT LIF YES, GIVE WAR OR DATES! 213-07-8993 Rena M. Byrd 2027 N. Washington St. 18 CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c)
PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE ID DUE TO, OR AS A CONSEQUENCE OF Conditions, if ony, which gove rise to immediate couse (o), stating DUE TO, OR AS A CONSEQUENCE OF underlying couse lost. PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110 CERTIFICATION 190 DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED 206. IF YES, WERE FINDINGS USED 20a AUTOPSY? IN CERTIFYING CAUSES OF DEATH? NOF NOF 71a ACCIDENT WAS UNDERLYING 216 TIME OF INJURY 216. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART I OR PART 2) HOUR A.M. MONTH DAY YFAR OR CONTRIBUTING CAUSE OF DEATH (IF EITHER NOTIFY MEDICAL EXAMINER) 21d. INJURY OCCURRED 21e PLACE OF INJURY 211. LOCATION CITY OF TOWN COUNTY (AT HOME STREET, FACTORY OFFICE, FARM, ETC.) STATE NOT WHILE 220.1 certify that (1) (this have ed the deceased from sow the deceased alive and that in (my) (and) opinion death occurred on the date and hour and from the causes stated oody ofter death 226 SIGNATURE DEGREE 22c. DATE SIGNED ATTENDING MEDICAL STAFF DIRECTOR PHYSICIAN 22e ADDRESS 22d, PHY SICIAN'SIN AME (TYPE OF PRINT) 3640 tons repson 23a BURIAL CREMATION, REMOVAL 236 DATE 23¢ NAME OF CEMETERY OR CREMATORY Baltimore Burial Arbutus Mem. 24 FUNERAL DIRECTOR Wm. C. March F/H 1101 E. North Ave



STATE OF MARYLAND

CAR THE A CONTROL OF Company of the Millians - X - William Strate Continued to the Continued to DECEMBER OF THE PROPERTY OF TH Land of the commence of the co CARMANN DES S. P. L. Letter to the contract of The milest manue harry 13th . Forth ever man. I. The the total and STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

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SATURNINO CAMACHO JUNE 19, 1982 1 SEX MALE WHITE WHITE WHAY 30, 1905 10 COURTED TO VES TO VE			2541/1450	MIDDLE		ASI	20. DATE OF D	EATH MONTH	DAY YEAR	2b HO	UR
SEX SALE S	(TITE OR PRINT)		INO			САМАСНО	JUNE :	19,1982		5:1	5pm
MALE MARKED MARKE	3 SEX		4 RACE					RS LAST BIRTHDAY)		R IF UNDER	R 24 HRS
PARTITION OF COUNTY NOTE: CHYCR TOWN OF DEATH 11. NAME OF HOSPITAL, NUSSING HOME OR OTHER INSTITUTION 12. CHYCR TOWN OF DEATH 11. NAME OF HOSPITAL, NUSSING HOME OR OTHER INSTITUTION 12. CHYCR TOWN OF DEATH 11. NAME OF HOSPITAL, NUSSING HOME OR OTHER INSTITUTION 12. CHYCR TOWN OF DEATH 12. CHYCR TOWN 12. CHYCR TOWN 13. NOTHER SHAPE 13. NOTHER SHAPE 14. STREET ADDRESS 14. STREET ADDRESS 14. STREET ADDRESS 14. STREET ADDRESS 15. MOTHER SHAPE 16. NOTHER SHAPE 16. NOTHER SHAPE 16. NOTHER SHAPE 17. NOTHER SHAPE 18. COUNTY 18. NOTHER SHAPE 18. COUNTY 18. NOTHER SHAPE 18. NOTHER	MAL	Æ	WHIT	E			77		MONTHS DAT	S HOURS	MIN
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BALTIMORE (IN POTENDING HACKET) ONE SIBER LODGESS) CHURCH HOSPITAL DISH WASHER RESTURANT OUAL RESIDENCE (# MUSENIA HORNOLO COLUMN HORNOL	PHILIP				WIDOWE	D DIVORCED	BALTI	MORE CITY			MD
THE STATE OF THE STANDE THE STANDE THE STANDE STANDED TO COMPRESS THE STANDE STANDE THE		(IF NOT IN SUCH FACILITY, GIVE STI				DR OTHER INSTITUTION	(TYPE OF WORK FOR MOST OF WORKING LIFE) INDUSTRY				
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OR CONTRIBUTION COUNTY STATE OR CONTRIBUTION OR CONTRIB											
OR CONTRIBUTION COUNTY STATE OR CONTRIBUTION OR CONTRIB	A I I I DAI	TE OF OPERATION	196 COND	TION FOR WHICH	OPERATIO	N WAS PERFORMED	IN CERTIFYING CAUSES OF				TH?
270 I certify that (I) this haspited attended the deceased from JUNE 18 19 82 to JUNE 19 19 82, that (I) wolost saw the deceased alive an JUNE 19 82 and that in (my) appropriate death occurred on the date and hour and from the causes stated above, (I) (we) (did) (did not) view the body after death. 272b SIGNATURE 272c DEGREE DATTENDING MEDICAL STAFF PHYSICIAN DIRECTOR DIRE	00.0011	ITRIBUTING CAUSE OF D	EATH HOUR A.	M. MONTH DA M.		2 4 1	RED (ENTER NATUR	IE OF INJURY IN ITEM 18. P	PART 1 OR PART 21		
sow the deceased alive an JUNE 19 82 , and that in (my) Gut) opinion death accurred on the date and hour and from the causes stated above, (1) (we) (did) (did not) view the body after death. 22b SIGNATURE 22c. DATE SIGNED 22c	AALLIEE	□ NOT WHILE □				STREET			COUNTY		STATE
226. PHYSICIAN'S NAME (TYPE OR PRINT) EDWARD V. PLATIA MD 230. BURIAL, CREMATION, REMOVAL 23b. DATE 231. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (CITY OF LOWN)	sav	w the deceased alive a ove, (1) (we) (did) (did n	JUNE 19	8.2	, or	nd that in (my) aut) apinion i			17	, that (I) (lost toted
EDWARD V. PLATIA MD 100 N. BROADWAY BALTIMORE, MD; 21231 236 BURIAL, CREMATION, REMOVAL 236 DATE 236 NAME OF CEMETERY OR CREMATORY 236 LOCATION 236 LOCATION 237 NAME OF CEMETERY OR CREMATORY 238 LOCATION 248 LOCATION 248 LOCATION 248 LOCATION 248 LOCATION 248 LOCATION		2 Liv.	ard V	Plat	ter	MD ATTENDING PHYSICIAN	DIRECTOR [PHYSICIAN [22c. DA1	IE SIGNED	
236 BURIAL, CREMATION, REMOVAL 236. DATE 236 NAME OF CREMETERY OR CREMATORY 236 LOCATION						22e ADDRESS CHI	URCH HON	1E CORP.			2,111
CITY OF LOWN FOLINTY STATE	E	DWARD V. PL	ATIA ME)		100 N. BROAD!	WAY	BALTIMORE	E, MD;	2123	1
DURIAL 16/23/1982 LOAK LAWN CEMETERY DAI TIMORE MARKET AND		CREMATION, REMOVA				EMETERY OR CREMATORY	CITY OR	TOWN			STATE

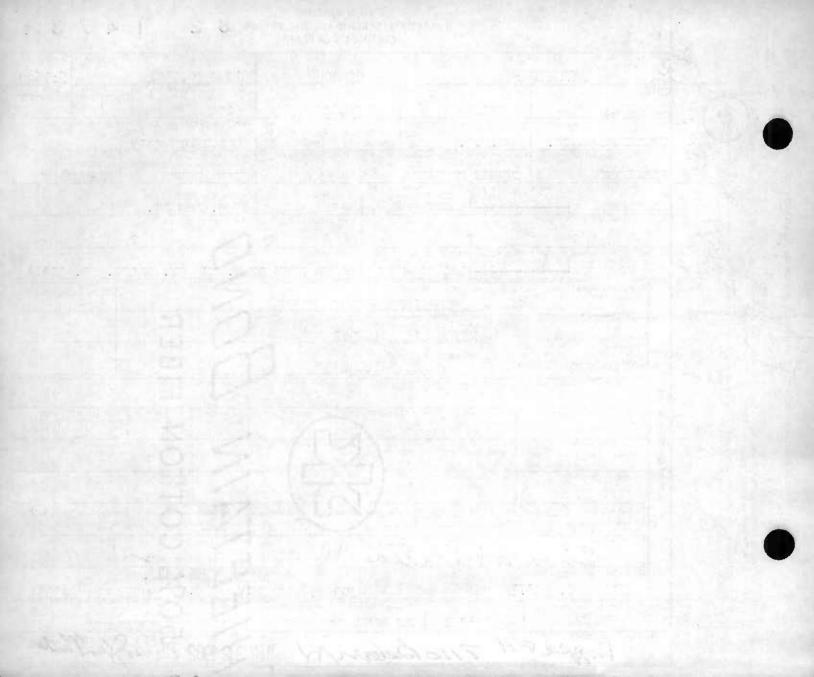
DHMH - 16 50M 1/B1 (VRA 15, 4)

IMPORTANT: If them 21 is marked or Item 18 shaws any

24 FUNERAL DIRECTOR Funeral Homes, Inc.

7110 Belair Road

Baltimore, Md.



deoth /	7	(TYPE	86	Nating Lynn Campbel 20 DATE OF DEATH MONTH DAY YEAR 126 L
ector, p		3. SEX	Female	4 RACE 5. DATE OF BIRTH MONTH DAY YEAR 5-25-87 1982 4 RACE 6 AGE (IN YEARS LAST BIRTHDAY) MONTH'S DAYS HOLE YRS YRS 19 U
72	33		RTHPLACE ISTATE OR FOREIGN Baltimore	76 CITIZEN OF WHAT COUNTRY? 8 MARRIED NEVER MARRIED S WIDOWED DIVORCED BALTIMORE CITY OR COUNTY OF DEATH WIDOWED DIVORCED DIVORCED
y the	26	10 CI	Baltimore	11. NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS) 128. USUAL OCCUPATION (1YPE OF WORK FOR MOST OF WORKING LIFE) INDUSTRY
y filled in b	35	130. 9	ALRESIDENCE (IF NURSING HOME TATE BAL	SWOTHER INSTITUTION, GIVE RESIDENCE BEFORE ABMISSION) 13d. INSIDE CITY LIMITS? 13e. STREET ADDRESS 40. Balto. YES NO & 34 Lindale Avenue -2
ond 2	30)4. FA	THER'S NAME GERALD A. (MIDDLE LAST FIRST MAIDEN NAME AND MIDDLE LAST Norma Frantz
ond co	2		/AS DECEASED EVER IN U.S. A ES, NO OR UNKNOWN) (IF YES, GI	ARMED FORCES? 16b SOCIAL SECURITY NO. 17 INFORMANT ADDRESS GIVE WAR OR DATES)
sicior pers.				All Lyndale Ave anly one cause per line for 19 (b) and ic
phy on po emo			PART I, DEATH WAS CAUS	JSED BY: Renal Failure
corb			1118	DUE TO, OR AS A CONSEQUENCE OF
attendin sove corb ation, or			Conditions, if ony, which	Due to, OR AS A CONSEQUENCE OF Streptococcal Sepsis
the attending remove corb remotion, or the troumatic			gave rise to immediate cause (a), stating the	DUE TO, OR AS A CONSEQUENCE OF Streptococcal Sepsis
ed by the attendin pleose remove corb rrol, cremation, or			gave rise to immediate cause (a), stating the underlying cause lost	DUE TO, OR AS A CONSEQUENCE OF
signed by the attending then please remove confit to buriol, cremation, or niury, or other troumptic		NO	gave rise to immediate cause (a), stating the underlying cause lost	DUE TO, OR AS A CONSEQUENCE OF IT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a)
been signed by the attending rmit. Then please remove corb prior to buriol, cremation, or	7)	CATION	gave rise to immediate cause (a), stating the underlying cause lost	Due to, or as a consequence of It conditions contributing to death but not related to the terminal disease or condition given in part 1(a) Condition for which operation was performed 1200 autopsy? 120b. If yes, were findings in the condition for which operation was performed 1200 autopsy?
increases and a second	2	RIFICATION	gave rise to immediate cause (a), stating the underlying cause lost	DUE TO, OR AS A CONSEQUENCE OF IT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a) CONSTRUCTORY
Abysicion. Application of the action of the action of transit permit Then please remove corbin by Hygiene prior to buriol, cremation, or 18 shows any injury, or other troumatic	20	L CERTIFICATION	gave rise to immediate cause (a), stating the underlying cause lost PART 2 OTHER SIGNIFICANT 19a DATE OF OPERATION 21a, ACCIDENT WAS UNDERLYING	DUE TO, OR AS A CONSEQUENCE OF IT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a) PMOTUFITY 196 CONDITION FOR WHICH OPERATION WAS PERFORMED 206 AUTOPSY? YES NO YES NO YES NO YES NO NO NOTION OF THE NAME OF INJURY IN ITEM 18, PART 1 OR PART 2)
ing physician required by the attending certificate has been signed by the attending unal-transit permit. Then please remove corbinate harding free prior to burrol, cremation, or them 18 shows any mjury, or other troumatic	29		gave rise to immediate underlying cause lost PART 2 OTHER SIGNIFICANT 19a DATE OF OPERATION 21a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF D (IF EITHER, NOTIFY MEDICAL EXAMINE	DUE TO, OR AS A CONSEQUENCE OF IT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (a) PMOTUFITY 196 CONDITION FOR WHICH OPERATION WAS PERFORMED 206 AUTOPSY? YES NO YES
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N TO OF W	29		gave rise to immediate cause roil, stating the underlying cause lost PART 2 OTHER SIGNIFICANT 190 DATE OF OPERATION 210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DETERMINE 11 THE EITHER, NOTIFY MEDICAL EXAMINE 21d INJURY OCCURRED WHILE AT WORK AT WORK	DUE TO, OR AS A CONSEQUENCE OF ICONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART TO THE TOTAL OR PART
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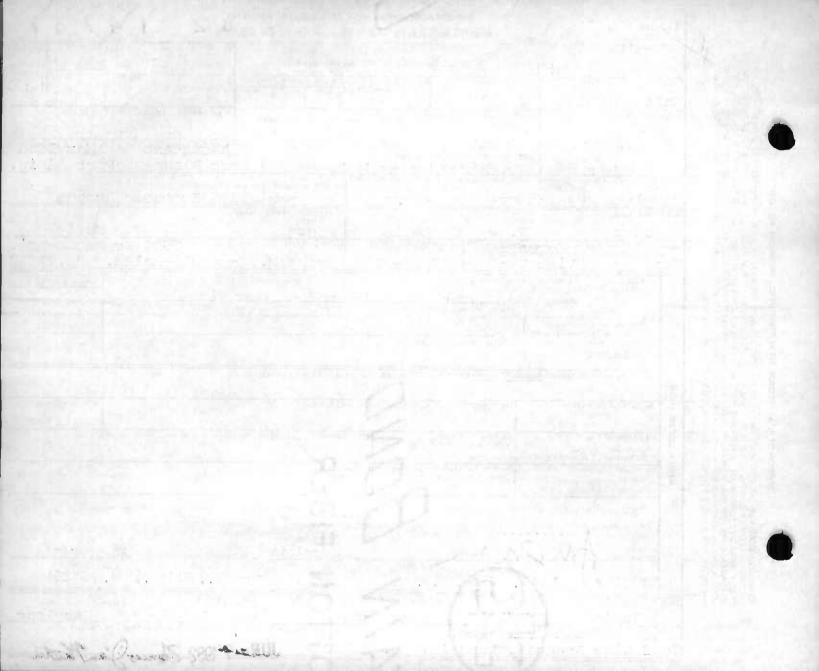
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1111 and the state of t static and anatomic of father wheth the said of Carried Bullianian Carried in let extracted the street of reason whereas Land to the state of the state of the state of 10 12 A CONTRACTOR OF THE SECOND STATE OF THE BEET OF THE STATE THE STATE OF THE STATE OF

DEPARTMENT OF HEALTH AND MENTAL HYGIENE STATE REGISTRAR DECEASED NAME KNOWN X OF ESTI-DEATH MATED (TYPE OR PRINT) JOSEPH 82 CAMPBELL DANIEL 19 YEAR 4. RACE JE LINDER 24 HRS DATE OF BIRTH DATE LAST BIRTHDAY) PRONOUNCED 19 82 8 47 DEAD Male White 20 34 9. BALTIMORE CITY OR COUNTY OF DEATH Th. CITIZEN OF WHAT COUNTRY 70 BIRTHPLACE (STATE OR MARRIED NEVER MARRIED FOREIGN COUNTRY U.S.A. WIDOWED DIVORCED Baltimore City New York 10 CITY OR TOWN OF DEATH Port Planner Port Admin. Baltimore City Hospital Baltimore 134 INCIDE CITY LIMITS? 13e. STREET ADDRESS COUNTY 13c. CITY OR TOWN 13a STATE Baltimore 7504 Iroquois Avenue Edgemere NO X Maryland 15. MOTHER'S MAIDEN NAME ANIDDLE MIDDLE FIRST Duffy Peter Campbell J. Nora 17. INFORMANT 160. WAS DECEASED EVER IN UT CHE SORCES? 7504 Iroquois Ave. Erika M. Campbell-Balto., MD.21219 Viet Nam 087-26-0319 Yes 18. CAUSE OF DEATH (Enter only one cause per line for (o), (b), and (c).) PART I DEATH WAS CAUSED BY: Ammediate Cause (o) Arteriosclerotic cardiovascular disease DUE TO, OR AS A CONSEQUENCE OF Conditions, if any, which gave rise to immediate cause (o) stoting the under-DUE TO, OR AS A CONSEQUENCE OF lying couse lost. PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART T (a) E DEPARTMENT OF HEAD PRIOR TO BURIAL, C 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED? 20 AUTOPSY? 19g. DATE OF OPERATION YES IX NO . RWARDED TO THE C 214 HOW IN JURY OCCURRED LENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2 710 EXTERNAL CAUSE WAS 716 TIME OF INTURY HOUR A.M. MONTH DAY YEAR UNDERLYING OR CONTRIBUTING CAUSE OF DEATH 21e PLACE OF INJURY LATHOME 21L LOCATION 214 INJURY OCCURRED STREET, FACTORY, FARM, ETC.) CITY OR TOWN COUNTY STATE WHILE AT WORK EXECUTE THE CERTIFICATE, PAGE 4 SHOULD BE FORW TO FUNERAL DIRECTOR: PY AFTER DEATH, WITH THE SIT SALTJMORE, MARYLAND, 2 Autapsy XX and in my opinion 22a I certify that I taak charge of the remains described above, held an Inspection Hamicide Undetermined monner death resulted from: Natural causes TITLE (SPECIFY) 6-3-82 Assistant MEDICAL EXAMINER 111 Penn St., Balto., Md. 21201 Dixon, M.D. 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION 73a BURIAL CREMATION REMOVAL [23b. DATE 6/5/1982 Oak Lawn Maryland Baltimore Burial 250. DATE REC'D. BY REGISTRAR 256 REGISTRAR'S SIGNATURE 24. FUNERAL DIRECTO Duda-Ruck, Inc. **DHMH - 17** Dundalk, MD. 21222 7922 Wise Avenue (VR A15 ME (5))

20M 4/82

STATE OF MARYLAND



this certificate has been signed by the attending physicion and completely filled in by the funeral

priol-tronsit permit.

IMPORTANT. If Hem 21 is marked at Item 18 shows

730 BURIAL, CREMATION, REMOVAL Transfer/Burial

236 DATE

W. Jones, Jr. /4701 Edmondson

should be detached for use as the burnth the State Dept. of Health and N TO FUNERAL DIRECTOR etoined by the hospital

Page 4 may be

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

1.	FOR STATE REGISTRAR		DEPARTA		FICATE OF DEATH	REG. N	10.	4 7	3 8	
	CEASED NAME FIRST E OR PRINT)	TLY S.	CAMPBEL		LAST	June	O6 1	92	26 HOUR 8 48 GM	
3 SE		Negro Negro	CAUPBEL	5 DATE O		6 AGE (IN YEARS LAST BE	RTHDAY)	IF UNDER 1 YEAR	IF UNDER 24 HRS	
V	IRTHPLACE ISTATE OR FOREIGN	U.S.		WIDOWE		9 BALTIMORE CITY 9 BALTIMO			MD.	
	BALTIMORE	UNIC	ME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION ACT IN SUCH FACILITY, GIVE STREET ADDRESS HOSPITAL UNION MEMORIAL HOSPITAL			126 USUAL OCCUPATION TEETICEAN 126 KIND OF BUSINESS OF MORKING LIFE) 127 KIND OF BUSINESS OF MORKING LIFE)				
N	AL RESIDENCE (IF NURSING HOME STATE EW York		New You		13d INSIDE CITY LIMITS? YES TO O	2955^0811	st.			
14 F/	illiam Ho	ward	Sim	S	Lucretia	ME	5	Sims 1AS	л	
		RMED FORCES? GIVE WAR OP DATES)	072-12-		Betty Fo	rd/ 2427		ford A	ve.	
7	Conditions, if any, which gave rise to immediate cause (a), stating the underlying cause lost.									
CERTIFICATION	PART 2 OTHER SIGNIFICANT	NAL INF	ARCTION	: WA	NOT RELATED TO THE TERM (SOLD NET A)		20b. IF YES	, WERE FINDIN	NGS USED	
	71a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF C	CAIN	w. while do	Y YEAR	21c HOW INJURY OCCUR	YES NO	YES	5 🗆	NO 🗌	
MEDICAL	21d INJURY OCCURRED WHILE NOT WHILE AT WORK	21e PLACE OF INJUA (AT HOME STREET, FACTORY, OFFICE, FARM. ET			211 LOCATION STREET	CITY OR TO	OWN	COUNTY	STATE	
	22a I certify that (I) (this has saw the deceased alive a above, (I) liwe) (did) (did)	19-JUI	V 19		nd that in (my) (aur) apinion	death accurred on the d	late and hour	and from the		
	22h SIGNATURE	WW	and		DEGREE ATTENDING PHYSICIAN	MEDICAL STA	FF CIAN []	19-	2MM-85	
	22d. PHYSICIAN'S NAME (TYPE	WAR			NNUN ME					

23c NAME OF CEMETERY OR CREMATORY

Clover

Halifax

Va. STATE

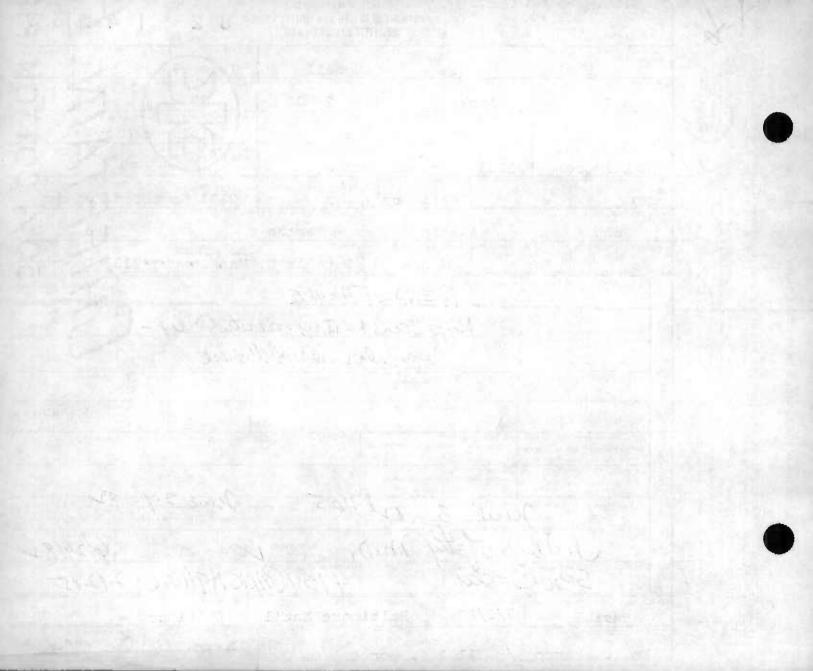
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2	1 -	STATE REGISTRAR			ICATE OF DEATH	REG. NO.	14/3	4
		CEASED NAME FIRST	MIDDIE		AST	20 DATE OF DEATH MO	ONTH DAY YEAR 26 HC	OUR
9/14/	(117P)	Thelma	G,	Ca	mpbell	June 27,	1982	٨
	3 SE		4 RACE	5. DATE O	OF BIRTH	6 AGE (IN YEARS LAST BIRTHD	AY) IF UNDER 1 YEAR IF UND	DER 24 HRS
1		Female	Black	MONT 12	2 02	79	YRS.	S MIN.
b	VIII. B	RTHPLACE (STATE OR FOREIGN	76 CITIZEN OF WHAT CO	DUNTRY? 8		9 BALTIMORE CITY OR		
35	5	VA	USA	WIDOWI	D NEVER MARRIED DIVORCED	Baltimo	re City	ME
00		TY OR TOWN OF DEATH Baltimore		, NURSING HOME (OR OTHER INSTITUTION	12a USUAL OCCUPATION	12b. KIND OF BUSI	
5/	USU.		OR OTHER INSTITUTION GIVE RESIDE	NCE BEFORE ADMISSION) OR TOWN timore	13d. INSIDE CITY LIMITS?	13e. STREET ADDRESS	newood Avenue	
100		THER'S NAME	Ipar	CIMORE	YES X NO		ewood Avenue	=
1		John	Aust		Martha	MIDDLE	Gee	J.
edico		VAS DECEASED EVER IN U.S. A	RMED FORCES? 166 SOC	IAL SECURITY NO.	17. INFORMANT	Massenburgess		
		No	214	-16-8698	Estelle C	. Massenber	g 2133 Homey	
2		PART I. DEATH WAS CAUS	only one cause per line for to SED BY: ATE CAUSE (a)	FNA/	FAILURE		APPROXIMATE IN BETWEEN ONSET AN	ND DEATH
9	CERTIFICATION	Canditions, if any, which gove rise to immediate cause to), stating the underlying couse last PART 2 OTHER SIGNIFICANT 19a DATE OF OPERATION	CONDITIONS CONTRIBUT	ING TO DEATH BUT	NOT RELATED TO THE TER	20a AUTOPSY? 21	ON GIVEN IN PART 110. ON IF YES, WERE FINDINGS US N CERTIFYING CAUSES OF DE. YES \(\text{YES} \) NO	ATH?
e G		2)a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF D	EATH HOUR A.M. MOT	NTH DAY YEAR	ZIC HOW INJURY OCCU	RRED (ENTER NATURE OF INJURY IN	NITEM 18 PART I OR PART 2)	
	MEDICAL	(IF EITHER NOTIFY MEDICAL EXAMIN 21d INJURY OCCURRED WHILE NOTIFICATION	P.M. 21e. PŁACE OF INJUR (AT HOME, STREET, FACTOR		211 LOCATION STREET	CITY OR TOWN	COUNTY	STATE
		22a I certify that (I) (this hos	11. 0	d fram	965 19_	Jehre 2	7. 1982 that (I)	(we) las
		saw the deceased alive of above, (I) (we) (did) (did no 22b. SIGNATURE	nay view the bady after deg	M _e	nd that in (my) (aur) apinion	n death accurred on the date	and haur and from the couses	
Ë.		Sifte	borofste	4 mil	ATTENDING PHYSICIAN	MEDICAL STAFF DIRECTOR PHYSICIAN	- 1/2/26/3	52
IMPORTANT:		22d PHYSICIAN'S NAME (TYPE	ROFSKY		47349	ARK HAGE	e. 21215	-
≤		BURIAL, CREMATION, REMOVA	7/2/82		EMETERY OR CREMATORY	23d LOCATION CITY OR TOWN Baltimo	COUNTY	MD STATE
0	24 FL	Burial UNERAL DIRECTOR	1,2,02	Darc.			REGISTRAR'S SIGNATURE	עויו
81		NAME		ADDRESS	fee		O W	
		Wm. C. March	F/H 1101	E. Nor	h Ave. 100	11 49 1982 614	rices from tares	pr.

Items 16b and 17G571 9/17/82 GASTATE OF MARYLAND



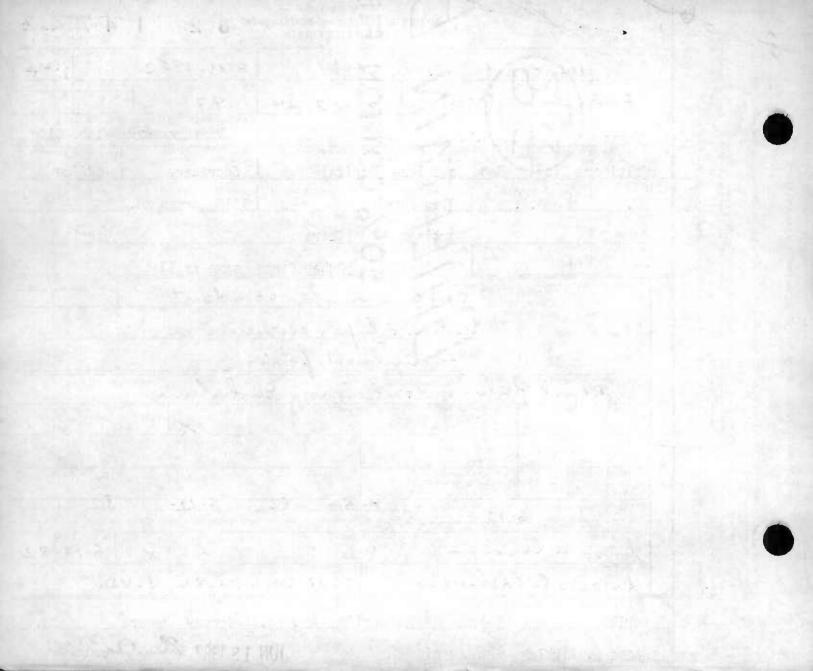
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10	1-	FOR STATE REGISTRAR	DEPART	STATE OF MARYLAND MENT OF HEALTH AND MENTAL HY CERTIFICATE OF DEATH	GIENE 8 98	34287 41
oy be oge 3 death		CEASED NAME FIRST CORPRINT)	MIDDLE C	ANGELOSI	20. DATE OF DEATH	6 1 82 8;15 Am
moy dra, pog fer de	3. SE		1 RACE Care	5. DATE OF BIRTH MONTH G Z VEAR YEAR	6 AGE (IN YEARS LAST BIRT	HOAY) IF UNDER 1 YEAR IF UNDER 24 HRS MONTHS DAYS HOURS MIN.
M)99		RTHPLACE ISTATE OR FOREIGN COUNTRY)	76. CITIZEN OF WHAT COUNTRY		9 BALTIMORE CITY O	COUNTY OF DEATH BALLO
by the I	10. €	Balb C.	11. NAME OF HOSPITAL, NURS (IF NOT IN SUCH FACILITY, GIVE STREE	ING HOME OR OTHER INSTITUTION (TADDRESS)	12a USUAL OCCUPATE (TYPE OF WORK FOR MOST OF Shoe Rapa	
in 24 hou ly filled in should be	13a. S	MD BO	OTHER INSTITUTION GIVE RESIDENCE BEFORM 13c. CITY OR TO: Reish	VES NO P	13e. STREET ADDRESS	nport Ro
ampletely and 2 s	14. F	ATHER'S NAME Giovanni	MIDDLE Cangelo	si Franc	es . MEDIE	Di Chiara
cote be executed within 24 hours or special and campletely filled in by opers. Pages I and 2 should be filled in that the medical examiner must be not that the manual contraction of the manual contrac		VAS DECEASED EVER IN U.S. AR YES, NO OR UNKNOWN) (IF YES, GIV	MED FORCES? 166. SOCIAL SEC (E WAR OR DATES) 213–20–		ADDRE	
NG PHYSICIAN: The low requires that the deoth certificate this certificate has been signed by the attending plast the buriol-tronsit permit. Then please remove corbon pth and Mental Hygiene prior to buriol, cremation, or removed or tem 18 shows any injury, or other traumatic even	NC	Conditions, if ony, which gove rise to immediate cause (a), stating the underlying cause last. PART 2. OTHER SIGNIFICANT (DUE TO, OR AS A CONSEQUENCE (b) AS CV DUE TO, OR AS A CONSEQUENCE (c)	D COPD	MINAL DISEASE OR CONE	DITION GIVEN IN PART 1(0)
The low re icion. te has been sist permit. I siste perior shows any ii	CERTIFICATION	19a. DATE OF OPERATION	196 CONDITION FOR WHIC	H OPERATION WAS PERFORMED	20a AUTOPSY?	206. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? YES NO NO
ING PHYSICIAN: The contending physicion when this certificate has the buriol-tronsit the ond Mental Hygies orked or item 18 shoot orked or item 18 sho	MEDICAL CER	210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DE. (IF ETHER NOTHY MEDICAL EXAMINE) 21d. INJURY OCCURRED WHILE NOT WHILE AT WORK	HOUR A.M. MONTH	DAY YEAR 19 211 LOCATION	RRED (ENTER NATURE OF INJUR	
TTENDI pitol or TOR: A for use of Heal		220.1 certify that (I) (this hosp sow the deceased alive on	ottended the dereased from 5/20 19	DEGREE ATTENDING PHYSICIAN	MEDICAL STAF	te and hour and from the causes stated 22c. DATE SIGNED FIAN 1
TO HOSPITAL OR A retained by the hos ID FUNERAL DIREC should be detoched with the Stote Dept.		22d PHYSICIAN'S NAME (TYPE OF		SINA 1	HOSPIT	AL
		BURIAL, CREMATION, REMOVAL		NAME OF CEMETERY OR CREMATORY ARE View Memorial	Sykesvil	le, Md. STATE
DHMH-16 30M 2/80 (VRA 15, 4)		UNERAL DIRECTOR	ome Reisterstow		ATE REC'D. BY REGISTRAR	ISI). REGISTRAR'S SIGNATURE

10 THE 1 icologuel incorporation in the state of t Tairons until aint anortal . rel 19 [home to be My Steel Season Same The Mills Bu medurars's ame Torner and E. STATE OF MARYLAND
DEPARTMENT OF HEALTH AND MENTAL HYGIENE

- STATE



1-	FOR - STATE REGISTRAR		DEPARTMENT O	ATE OF MARYLAND F HEALTH AND MENTAL HY IFICATE OF DEATH	GIENE 8 2	14743
	CEASED NAME FIRE	iagio MIDDLE		LAST	2a. DATE OF DEATH	MONTH DAY YEAR 26. HOUR
		AGMIO		CADDIOTTI		JUNE 16, 82 8 9:56pm
3. SE	X	4 RACE	5. DAT	ESE BIRTH DAY YEAR	6 AGE (IN YEARS LAST BE	
	Male	Caucasi		30 1903	79	YRS MONTHS DATS HOURS MIN.
Jr Bi	RTHPLACE (STATE OF FOREIGN	76 CITIZEN OF WHAT	COUNTRY? 8.	RIED NEVER MARRIED	9 BALTIMORE CITY	OR COUNTY OF DEATH
	Italy	U.S.A.		WED DIVORCED	Baltimo	ore MD
	Balto.	Church	Home Ho		120 USUAL OCCUPAT (TYPE OF WORK FOR MOST retired-	OF WORKING LIFET INDUSTRY
13a. S	AL RESIDENCE (IF NURSING HOM STATE 136 CC	DUNTY 13c (ESIDENCE BEFORE ADMISSIC CITY OR TOWN Balto.	13d. INSIDE CITY LIMITS? YES X NO (13. STREET ADDRESS	igh Street
14 FA	ATHER'S NAME FIRST Giancint	o Car	riotti	Ottavi	AME	Diodala
	WAS DECEASED EVER IN U.S.		SOCIAL SECURITY NO	17. INFORMANT	ADDR	ESS
	no	21	2-07-301	1 Concetta	Ferrante,	5932 Alameda Cir
CERTIFICATION	PART 2 OTHER SIGNIFICAN 19a DATE OF OPERATION			UT NOT RELATED TO THE TERM	MINAL DISEASE OR CON	IDITION GIVEN IN PART TIGO 20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH?
E					YES NO	YES NO
	210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF	DEATH HOUR A.M.	ury Month day yea 1:		RRED (ENTER NATURE OF INJU	JRY IN ITEM 18, PARI 1 OR PART 2)
MEDICAL	21d. INJURY OCCURRED WHILE NOT WHILE AT WORK	21e PLACE OF IN (AT HOME STREET, FAI	CTORY, OFFICE, FARM, ETC.)	211 LOCATION STREET	CITY OR TO	OWN COUNTY STATE
		an 6-16 not) view the bady after			, Yo	, 182 , that (I) (we) last late and haur and fram the causes stated
	22b. SIGNATURE	MOWS		DEGREE ATTENDING PHYSICIAN	MEDICAL STA	CIAN
	A.A. NO	PE OR PRINT)	TUR.	BROADWAY BALTI		HOSPITAL 100 N. 231
	BURIAL, CREMATION, REMOV			CEMETERY OR CREMATORY	23d. LOCATION CITY OR TOWN	COUNTY STATE
24. FU	Burial JNERAL DIRECTOR	6/19/82	Dular	rey Valley	TOWSON JE REC'D BY REGISTRAR	MO A REGISTRANS SIGNATURE

BP DHMH - 16 50M 1/81 (VRA 15, 4)

stained by the haspital ar attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and establied be detached for use as the burial-transit permit. Then please remave carbanpapers. Pages with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or remaval.

of Lite adding the 212- 7- Will Concepts Sergents, 9932 Manuale Cir. verted venting Soleiner Jos. M. Smilling . E Cos . contains . M. . Bot.

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	STATE REGISTRAR			MEDICAL EX				DERTH 4		4/4
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MA		NEGRO	MONTH	DAY YEAR		NTHS DAYS		PRONOUNCE DEAD		6 1519 82
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	Y OR TOWN C	OF DEATH	(IF NOT IN S	F HOSPITAL, NURSI	ET ADDRESS)	THER INSTITUT	ION I	28 USUAL OCCUPAT FOR MOST OF WORKING	G LIFE]	OR INDUSTRY
	altimor		2007	Homewood				Labore	r	
He. ST		136/COUNT		113c. CITY OF		13d. INSIDE CIT	NO 🗆	30. STREET ADDRESS HOM	ewood	Avenue 21:
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16a. W		EVER IN U.S. ARM			L SECURITY NO.	17. INFORM	ANT		ADDRESS	
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2	786	0		O, OR AS A CONSE						
		s, if any, which to immediate	(b)							
	couse (a)	stating the <u>under-</u>	DUE T	O, OR AS A CONSE	QUENCE OF					
	lying cous	e lost.	(c)							
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MPORTANT: If them 21 is marked or them 18 shows

STATE OF MARYLAND

1	4	1	4
MONTH	DAY	YEAR	26 HOU

1	1 - STATE REGISTRAR		DEPARTMENT OF H CERTIF	ICATE OF DEATH	REG. NO.	4 / 4 5
	1. DECEASED NAME FIRST (TYPE OR PRINT)	MIDDLE	L	AST	20. DATE OF DEATH MONTH	DAY YEAR 26. HOUR
i	France	es Cyril	Carr		6/9/82	3.05 A
	3 SEX	4 RACE	5 DATE C		6. AGE (IN YEARS LAST BIRTHDAY)	IF UNDER 1 YEAR IF UNDER 24 HRS.
	FEMALE	WHITE	JUL	10, 1895	86 YR	MONTHS DAYS HOURS MIN
pt	To. BIRTHPLACE ISTATE OR FOREIGN	76 CITIZEN OF WHAT CO	DUNTRY? 8		9 BALTIMORE CITY OR COU	
7	COUNTRY MARYLAND	USA	WIDOWE	D NEVER MARRIED X	Baltimore	City MD.
7	10. CITY OR TOWN OF DEATH Baltimore	11. NAME OF HOSPITAL (IF NOT IN SUCH FACILITY, Belair Co	L, NURSING HOME C	DR OTHER INSTITUTION	12e USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKIN CLERK	126 KIND OF BUSINESS OR
1	USUAL RESIDENCE (IF NURSING HOME O 130 STATE 136 COU	NTY 13c. CITY	OR TOWN TIMORE	134 INSIDE CITY LIMITS?	3719 REXMERE	RD. 21218
-	14 FATHER'S NAME	MIDDLE	LAST	IS MOTHER'S MAIDEN NA		
	John	J. Carr		Agnes	MIDDLE	Holden
	160 WAS DECEASED EVER IN U.S. AR	MED FORCES? 166. SOC	IAL SECURITY NO.	17. INFORMANT	ADDRESS	
1	NO NO		-09-5996	CHARLES A. CI	HAPPLE 3719 RE	XMERE RD. 21212
1	18 CAUSE OF DEATH (Enter o	nly one couse per line to	by by blottery	111	4	BETWEEN ONSET AND DEATH
	PART I. DEATH WAS CAUSE	TE CAUSE (o)	NEUI	MONIA		
	Conditions, if ony, which	DUE TO, OR AS A PO	State of St	TATIC C	PARCINOM	4
	gove rise to immediate cause (a), stating the underlying cause lost.	DUE TO, OR ASING	SNSEQUENCE SE	25 AST		
		conditions <u>contribu</u>	TING TO DEATH BUT	NOT RELATED TO THE TERM	AINAL DISEASE OR CONDITION	GIVEN IN PART 1(0)
3	190. DATE OF OPERATION 210. ACCIDENT WAS UNDERLYING	196. CONDITION FO	R WHICH OPERATION	N WAS PERFORMED		YES, WERE FINDINGS USED RTIFYING CAUSES OF DEATH? YES NO
	OR CONTRIBUTION CONTRACTOR OF			î îc. HOW INJURY OCCUR	RED (ENTER NATURE OF INJURY IN ITEM	18, PART I OR PART 2]
	OR CONTINUOU IN CAUSE OF DE (IF EITHER, NOTIFY MEDICAL EXAMINER 21d. IN JURY OCCURRED WHILE AT WORK AT WORK	21e. PLACE OF INJUR	Y	21f. LOCATION STREET	CITY OR TOWN	COUNTY STATE
1			2/1	1 07	6/0	- 00

DEGREE ATTENDING MEDICAL STAFF
PHYSICIAN DIRECTOR PHYSICIAN 22e ADDRESS

50 Scott Adam Road Cockeysville, Md. 2

23a BURIAL, CREMATION, REMOVAL (SPECIFY) BURIAL 24. FUNERAL DIRECTOR

236 DATE

HYSICIAN'S NAME TYPE OR PRINTI BUIS E. RIVERA, M.D.

231 NAME OF CEMETERY OR CREMATORY 12, 1982 NEW CATHEDRAL CEM.

23d LOCATION CITY OR TOWN BALTIMORE

and that in (my) (our) opinion death accurred on the date and hour and from the causes stated

COUNTY

STATE MD.

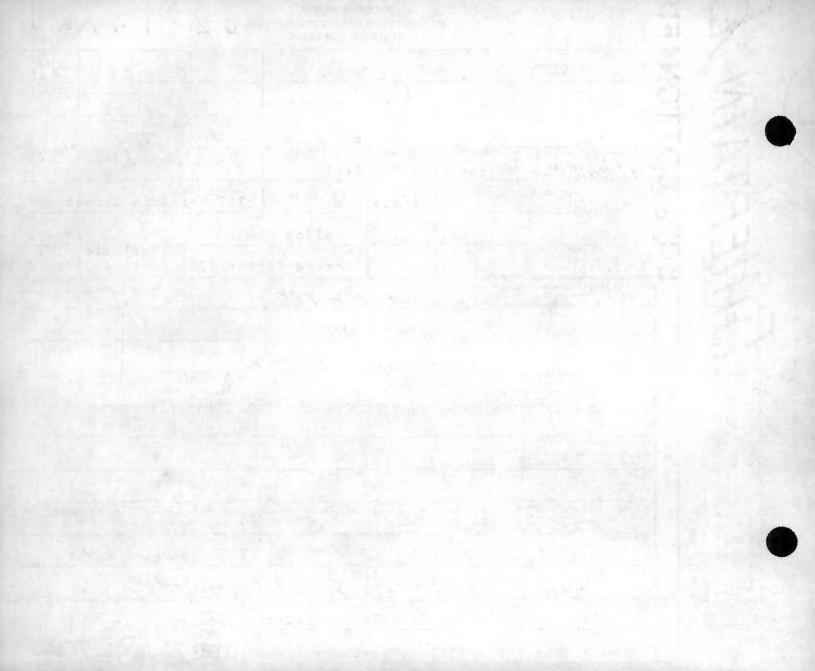
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(VR A 15 (4))

MITCHELL-WIEDEFELD HOME 6500 YORK RD. 21212

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ک	FOR STATE REGISTR	AR				ICATE OF D		SIENE 8	REG. NO.	1 4	1 7	4	9
	I. DECEASED N	AME FIRST		MIDDLE		LAST		2a. DATE OF	DEATH MONTH	H DAY	YEAR	26 HOUR	
		Sadi	. e	Μ.		Cascio			6	14	82	11:0	0 %
	3. SEX		4 RACE		5. DATE O	OF BIRTH	45.00	6 AGE (IN YE	ARS EAST BIRTHDAY)	IF UND	DER I YEAR	IF UNDER 24	4 HRS
1	Fem	ale	White		1	18	1904	7	8	YRS.	DATS	HOURS	per IIV.
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nohified	Baltim		(IF NOT IN SUC	CH FACILITY, GIVE	Road	OR OTHER INST	TITUTION	12g USUAL C (TYPE OF WORK	CCUPATION FOR MOST OF WORK	(ING LIFE) IN	KIND OF DUSTRY		SOR
900	USUAL RESIDE	NCE (IF NURSING HOA	AE OR OTHER INSTITUTION	GIVE RESIDENCE	BEFORE ADMISSION)			1				9	
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E7.	14. FATHER'S N.		18.0			15. MOTHER'S	MAIDEN NA						
) (coming	Sa	lvatore	MIDDLE	Cas	scio	11119	France	3	WIDDLE		Gi	orios	0
			ARMED FORCES?	166 SOCIAL	SECURITY NO.	17 INFORMA			ADDRESS	0.1			
medical	(YES NO OR U	AKHOWH) (IF YE	S, GIVE WAR OR DATES)	220-0	03-1372	Dorot	hv Cas	cio Sa	me as #	13			
event, the	18 CAUS	E OF DEATH (Ente	er only one couse per	line for (o), (l	b), and (c).)			010 01			APPROXIA BETWEEN C	MATE INTERV	AL
ne prior to burioi, cremation, or i ws any injury, ar other traumatic	gave ricouse underlyi		(b) DUE TO, O (c) (c) 196 COND	PAYE	SEQUENCE OF SEQUENCE OF SEQUENCE OF	NOT RELATED	TO THE TERM	MINAL DISEASE	OR CONDITION	N GIVEN IN IF YES, WERETTIFYING	PART 1(0	GS USED	
18 shows	# Kyer	49/8	2 Adel	no co.	- Cau	creace	2 ,	YES 🗌	NO	YES		NO 🗌	
00	OR CONTR	BUTING CAUSE O	110.10		DAY YEAR	21c HOW IN	JURY OCCUR	RED (ENTER NAT	JRE OF INJURY IN ITE	M 18 PART I O	R PART 2)		
Tem /	S (IF EITHE	NOTIFY MEDICAL EXAM	AINER) P.	M.	19					7.5	113		
	WHILE AT WORK	NOT WHILE ALL WORK	21e. PLACE (AT HOME, STI	OF INJURY REET, FACTORY, O	FFICE, FARM, ETC.)	216 LOCATIO	ON		CITY OR TOWN	CC	OUNTY	51A	ATE
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ANT: If frem	22b. SIGN	LATURE LAN'S NAME (T	O CALLA	le !	(u)	DEGREE A F		DIRECTOR [STAFF PHYSICIAN [24 DATES	IGNED	
IMPORTANT	AU	EJAN DI	. /.	1/17	170	1900	Sulph	un gr	ey Rd	· Bal	16.2	1227	2.
7	23a. BURIAL, CR (SPECIFY) Buri	EMATION, REMO	23b. DATE 6/18	/82	New Cat				non Riown ltimore	COU	NTY	STA Md.	ATE
10	24 FUNERAL D	RECTOR IN + -L	e Funeral	Home		nentst	25a. DA1		GISTRAR 256. RI	TRAR'S	SIGNATU		-
	1630 E	mondson	Avenue, Ca	tonsvi	lle, Md	21228		JUN I	1984	Name	Children of the Control of the Contr	Mary	Ser.

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1-	FOR #] STATE REGISTRAR CEASED NAME			DEPARTMENT OF DICAL EXAMIN	HEALTH	AND MENTAL	OF DEA		G. NO.	4 7	5	0
	PE OR PRINT)	CHARLE	ES.	MEDIE	C	HAMBERS	2	OF ESTI- DEATH MATE		10	19 82	2b HOUR
) I SE	M	Black	DATE OF BIRTH	YEAR 6 AGE (IN Y LAST BIRTH	EARS IF UN	DER 1 YR. IF UND	MIN	RONOUNCED DEAD	MONT	20	YEAR 19 82	10:36
SIP	IRTHPLACE (ST OREIGN COUNTRY) Mrvlar		76. CITIZEN OF WE	JSA	8. MARRI WIDOW	ED NEVER MAI	RRIED 9	Baltimorec	-		DEATH	MD
10. C	ITY OR TOWN	OF DEATH	11. NAME OF HOS	PITAL, NURSING HOM CILITY, GIVE STREET ADDRESS) and St.			12a USUA FOR MO	AL OCCUPATION OST OF WORKING LIFE tired	TYPE OF WOR	K 12b KIN	ND OF BUS R INDUSTR	SINESS
130. 3	AL RESIDENCE STATE		OR OTHER INSTITUTION, GIV	RESIDENCE BEFORE ADMISS 13c. CITY OR TOWN Balto	ION)	13d INSIDE CITY LIMITS	2 13e. STREI	et address Ward	Stree	t		
	ID har	Les Ever in U.S. Ar/	MIDDLE	C hambers		15. MOTHER'S MA FIRST F 10	rence	MIDDLE	PRESS	R obi	nsor	1
100.	PES, NO, OR UNKNO	WN) (IF YES, GIVE	WED FORCES? WAR OR DATES) ly ane cause per line	217 14 94		William	C han				der	
z	gave ris cause (a) lying cau		DUE TO, OR	AS A CONSEQUENCE		OR CONDITION GIVEN IN	PART 1 (a).					
IFICATIO	190. DATE OF	OPERATION	19b. CONDIT	ION FOR WHICH OPE	RATION W	AS PERFORMED?		1.337			NUTOPSY?	
MEDICAL CERTIFICATION	UNDERLYING	IG CAUSE OF	DEATH P.M.	MONTH DAY YEA	211. LO	OW INJURY OCCUR		5	EM 18 PART 1 OR			
M	220 I certification death resulted ACTUAL SIGNATURE EXAMINER'S (TYPE OR PRIME	Ulgnu	ge at the remains description of the remains des	ory, FARM, ETC.) cribed above, held an Accident , Si Dolan, M.C	Autap:	TITLE (SPECIFY) D. Assistar	tian , Undeter	Inquiry, Bal	and in my , DAT	E NED 6-	-21-8 1201	STATE
j		ION, REMOVAL 2	3b. DATE 6-24-82	Mt. A	METERY O	r CREMATORY n C em	23d, LOC CITY OF B	altimor		DUNTY	Md	ATE.
В	row n/	Thomps	on F.H.	1913 W. B	alto.	St. J.	N221	982	idel of	-		

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DHMH - 16 50M 1/B1 (VRA 15, 4)

IMPORTANT: If Item 21 is marked or Item 18 shows any injury, ar ather traumatic event, the

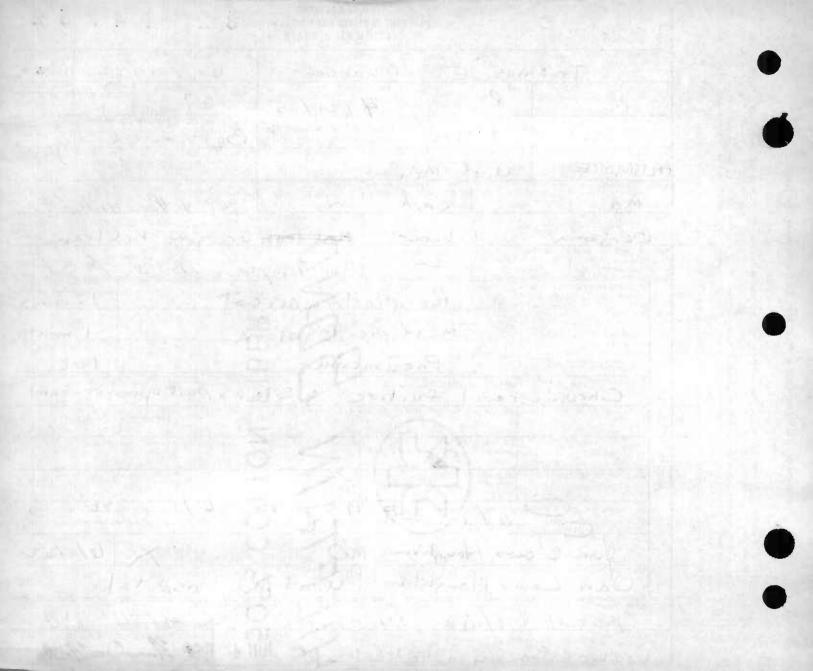
STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE 8 2 | 4 7 5 CERTIFICATE OF DEATH

	REGISTRAR		CERT	TIFICATE OF DEATH	REG. NO.	
	CEASED NAME FIRST Mervi		H Ch	ambers	June 11, 1982	DAY YEAR 26 HOUR
	Male	4 RACE White	Feb	ruary 21, 1911	6 AGE (IN YEARS LAST BIRTHDAY) 71 YRS	IF UNDER 1 YEAR IF UNDER 24 HE
	RTHPLACE (STATE OR FOREIGN OUNTER) Maryland	U.S.A	• WIDO	RIEDX NEVER MARRIED	Baltimore City or Coun	
В	TY OR TOWN OF DEATH altimore	7102	Park Place	E OR OTHER INSTITUTION	170. USUAL OCCUPATION (TYPE OF WORK OF MOST OF WORKING Sand Molder	LIFE) 126 KIND OF BUSINESS (Martin Co.
13a. S Ma	AL RESIDENCE (IF NURSING HOM TATE Tyland		GIVE RESIDENCE BEFORE ADMISSION BAITIMORE	136 INSIDE CITY LIMITS?	13 SIREET ADDRESS Place	ce
4 FA	THER'S NAME Phineas	MIDDLE Cha	mbers	Treresa		McCarthy
	VAS DECEASED EVER IN U.S. (IF YES	ARMED FORCES? GIVE WAR OR DATES)	213-01-3343		ADDRESS hambers	Same
CERTIFICATION	Conditions, if ony, which gove rise to immediate cause (a), stating the underlying cause last	DUE TO, OIL OIL CONDITIONS CO	R AS A CONSEQUENCE OF	F BUT NOT RELATED TO THE TERM	IN CERT	ES, WERE FINDINGS USED TIFYING CAUSES OF DEATH? YES NO
MEDICAL CERT	21a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF (IF EITHER, NOTIFY MEDICAL EXAM 21d. INJURY OCCURRED WHILE NOT WHILE AT WORK 22a 1 certify that (1) (thus say the deceased alive above, (1) (we) (did total obove, (1) (did tot	DEATH HOUR A.INER) 21e. PLACE (AT HOME, STR	M. MONTH DAY YE. M. 1 DF INJURY BET, FACTORY, OFFICE, FARM, ETC. R deceosed from ### 15 10 82 ±6	211. LOCATION STREET	RED (ENTER NATURE OF INJURY IN ITEM II	COUNTY STATE TO
	224. PHYSICIAN'S NAME (TY ROBERT URIAL, CREMATION, REMOV	obert U PE OR PRINT) W Garis M (AL 23b DATE). Saris,	22e ADDRESS 12 E.Eager F.CEMETERY OF CREMATORY	MEDICAL STAFF DIRECTOR □ PHYSICIAN □ St Baltimore, IN [23d LOCATION]	
- (Burial INERAL DIRECTOR	June 1		F CEMETERY OR CREMATORY Lawn 250 DAT		COUNTMARYLAN



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June 15, 1989 Unit Library

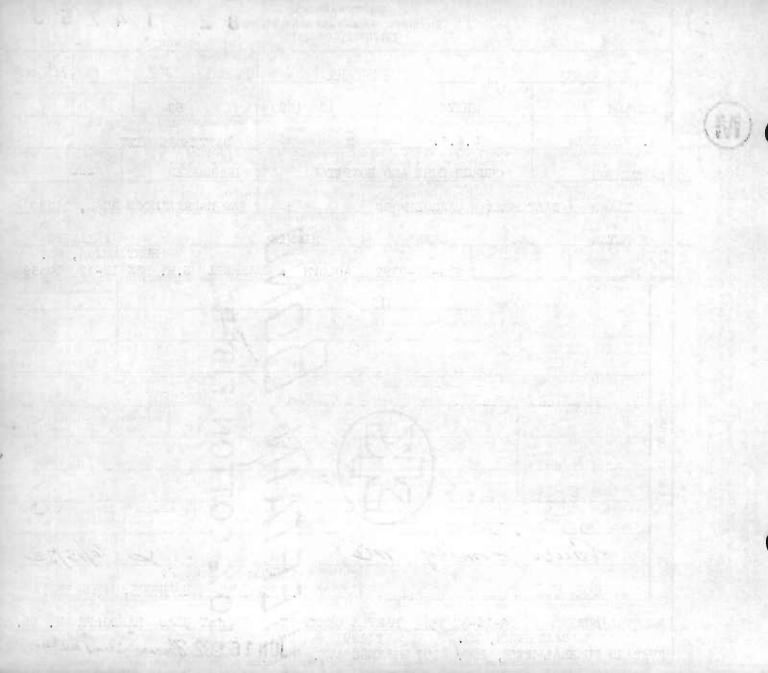


HUBBARD FUNERAL HOME, INC. 4107 WILKENS AVE.

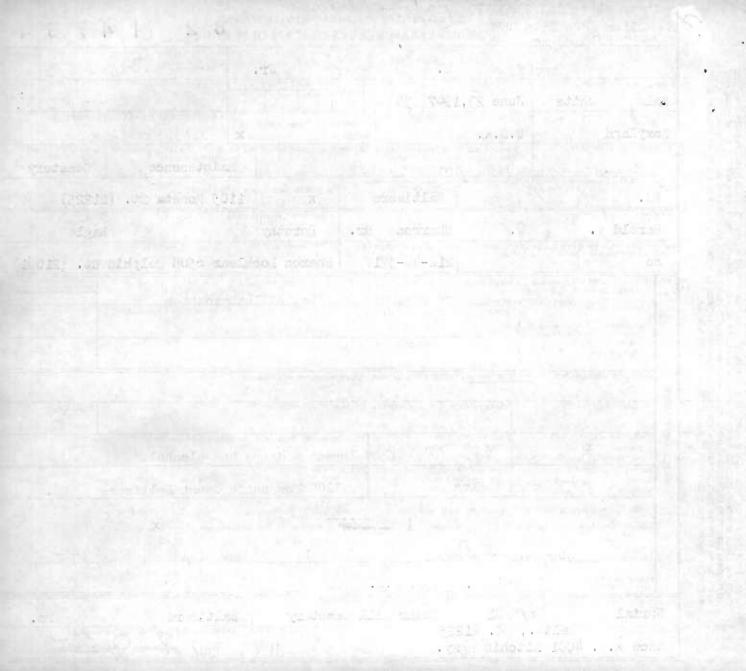
JUN 16 1982 Opincas

DHMH - 16 50M 1/81

(VRA 15, 4)



# 1	1-	FOR STATE Tem REGISTRAR 8	#22a Fi /13/82 r	lm G570	DEPART	MENT OF EXAMIN	HEALTH				YH 4	REG.		4	7 5	4
ED, WITHIN 72 HOURS I W. PRESTON STREET,		E OR PRINT)			WIDDLE			LAST			Or	KNOWN ESTI-	XX WON	TH OA		7b HOU
1	563		Haro 4. RACE	5. DATE OF BIRTH	W •	6 AGE (IN YE		rron	Jr.	_		MATED	I (6 4	-	2
ľ	西	(Pe	White	June 23	1947	34 y	AY) MONT		HOURS		PRONOUP DEAD	NCED		6 4	19 82	24 HOUR 8:3
K	が	CE (S COUNTRY) land	TATE OR	U.S.A.	AT COUN	VTRY?	8. MARR WIDOW		VER MARRIE	ED L		ORE CITY				
I		Baltimo		11. NAME OF HOS	CILITY, GIVE S	IRSING HOMI	, OR OTH			120. USU	AL OCCU	PATION () RKING LIFE) Nence	TYPE OF WOR	RK 12b.	KIND OF BU OR INDUST Cemete	RY
		LRESIDENCE		OR OTHER INSTITUTION, GE	E RESIDENCE	e BEFORE ADMISSI OR JOWN 1timore	ON)	13d. INSIDE C	ITY LIMITS?			neta		(212		
i	4 FA	THER'S NAME		MIDDLE		1465		15 MOTH	ER'S MAIDEN			-				
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		gave ri	e to immediate	(b)												
ı		lying cau		DUE 10, OR	AS A CON	SEQUENCE (OF									
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	IFIC			150											YES X	NO 🗆
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		death results		rol couses .	Accident	يد ا		Homic			rmined mo	To a]	opinion		
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		EXAMINER'S (TYPE OR PRII	AT) V	irginia L.	Dola	an, M.D	•	ADDRESS_		II P	enn S	Stree	†	Till e	100	
2.	30.BL	RIAL, CREMA	ION, REMOVAL	6/8/82		NAME OF CEA				23d LOG	CATION RIGHN		C	OUNTY	S'	TATE
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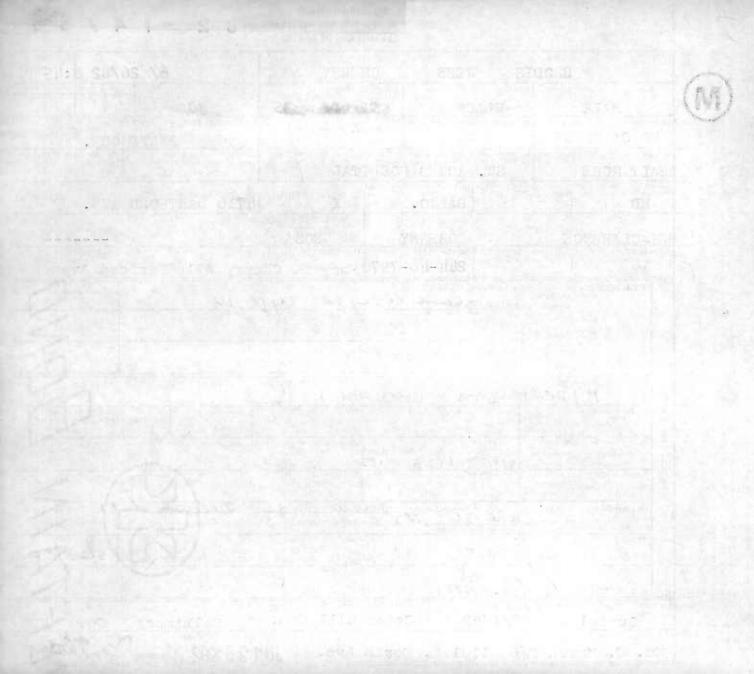
the attending physician and c remove carbanpapers. Pages emotion, ar remaval.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attenshauld be detached for use as the burial-transit permit. Then please remave a with the State Dept, of Health and Mental Hygiene prior to burial, cremation,

DHMH-16 50M 1/8 (VRA 15, 4)

O HOSPITAL OR ATTENDING PHYSICIAN: The law

1 - S'	OR TATE								4 2	4
	EGISTRAR			DEPA		EALTH AND MENTAL HYG ICATE OF DEATH	IENE 8 2	, 1	4/	5
1. DECE A	ASED NAME	FIRST		MIDDLE	i	AST	20 DATE OF DEATH		DAY YEAR	26 HOUR
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3. SEX		4	RACE		5. DATE C		6 AGE (IN YEARS LAST BI		IF UNDER 1 YEAR	IF UNDER 2
	MALE	- 14	TOT	ACK	MONTH		47		MONTHS DAYS	HOURS
7a BIRTH	HPLACE (STATE O	P FOREIGN 75	100	OF WHAT COUNT		2 00 33	9 BALTIMORE CITY	YRS	OFDEATH	
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	OR TOWN OF D				WIDOWE	D DIVORCED DIVORCED DR OTHER INSTITUTION		BALTI		
		LAIN	(IF NOT IN	SUCH FACILITY, GIVE ST	REET ADDRESS)		120 USUAL OCCUPAT		126. KIND O INDUSTRY	F BUSINES
7	TIMORE		ST			TAL				
13a STA	RESIDENCE (IF NO	13b COUNTY			OWN	13d. INSIDE CITY LIMITS?	13e STREET ADDRESS			
M	D			BALTO	•	YES NO	4716 DAR	TFORD	AVE.	
14 FATHI	ER'S NAME	44.0	DDLE			15. MOTHER'S MAIDEN NA				
WM.	CLAREN		oute.	CHER	RY	ROSA	WIDDLE		LAS	
160 WAS	S DECEASED EVE	R IN U.S. ARME		? 166 SOCIALS		17. INFORMANT	ADDR	ESS		
	NO OR UNKNOWN)	(IF YES, GIVE V	WAR OR DATES			Mary B. Ch	ornu 4716	Dane	Ford As	TON!
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18	PART DEATH	TH Enter only	one couse p	per line for (a), (b).	, and ic				BETWEEN	MATE INTERVONSET AND E
	100	IMMEDIATE		RENAL	L Cell	- CA. THI.	oe IV			
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C	Conditions, if on	v which	1		OUENCE OF					
g	gove rise to in	nmediate	(b),							
	ouse (o), stot	ing the								
0.	inderlying cous	se last.	DUE TO.	OR AS A CONSE	QUENCE OF					
	inderlying cou		(c)_							
PA	inderlying cou		(c) NDITIONS	CONTRIBUTING		NOT RELATED TO THE TERM	INAL DISEASE OR CON	NDITION GIV	EN IN PART 10	
PA	inderlying cou	GNIFICANT CO	(c)	CONTRIBUTING	TO DEATH BUT CSSEN 7		INAL DISEASE OR CON	20h IF YES	S. WERE FINDIN	IGS USED
PA	ART 2 OTHER SIC	GNIFICANT CO	(c)	CONTRIBUTING	TO DEATH BUT CSSEN 7	TAL)	20a AUTOPSY?	206 IF YES	S, WERE FINDIN	IGS USED OF DEATH
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DHMH - 16 50M 1/B1 (VRA 15, 4)

Loring Byers Funeral Directors, Inc.

- STATE

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE
CERTIFICATE OF DEATH

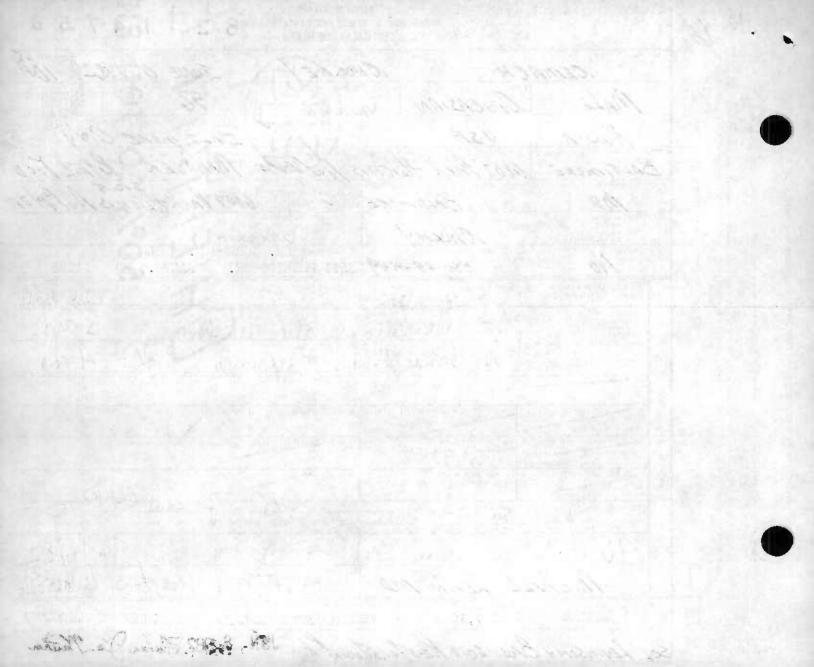
		REGISTRAR		CERTIF	ICATE OF DEATH	RF	G. NO.		
		CEASED NAME FIRST	MIDDLE		LAST	20 DATE OF DEA		DAY YEAR	2b HOUR
	(TYP	Eleano	or Betty	Child	ress	June 2	1, 1982	2	M
	3. SE	X	4 RACE		OF BIRTH	6. AGE (IN YEARS I	AST BIRTHDAY)	IF UNDER 1 YEAR	
		Female	White	Octo	ber 14, 191	1 70	YRS	MONIHS DATS	HOURS MIN.
4		IRTHPLACE (STATE OR FOREIGN	76. CITIZEN OF WHAT COU	INTRY? 18	D NEVER MARRIED	9 BALTIMORE C	_	Y OF DEATH	
2		irginia	USA	WIDOW	DIVORCED :	Baltimo			MD.
0	For	rest Park	11. NAME OF HOSPITAL, III. (IF NOT IN SUCH FACILITY, GIV. 2927 Forest	Glen Rd.	21216	120 USUAL OCCE LITYPE OF WORK FOR A Homemake	IPATION NOST OF WORKING LII 12	12b. KIND (INDUSTRY	OF BUSINESS OR
5	Mar	AL RESIDENCE (IF NURSING HOME STATE 136 COL	UNIY 13c CITY O	CE BEFORE ADMISSION) OR TOWN CMORE	13d INSIDE CITY LIMITS?	2927 For	est Glei	n Rd.	21216
V	14. F/	ATHER'S NAME Morris	A Ke	llum	15 MOTHER'S MAIDEN Netra	AMID		Unknow	n
1	16a V	WAS DECEASED EVER IN U.S. A YES, NO OR UNKNOWN) (IF YES, C	CIVE WAR OR DATES	1-9063	Mr. Garland			Balti MD 21	more, 216
5	CERTIFICATION	couse (o), stoting the underlying couse lost. PART 2 OTHER SIGNIFICANT 19a. DATE OF OPERATION	DUE TO, OR AS A CON (c) (CONDITIONS CONTRIBUTING 198 CONDITION FOR V	IG TO DEATH BUT		RMINAL DISEASE OR (20b. IF YES	ZEN IN PART 10	NGS USED
4	RTIF					YES NO	C YE	ES 🗌	NO [
1	MEDICAL CE	210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF D LIF EITHER, NOTIFY MEDICAL EXAMIN	HOUR A.M. MONT	H DAY YEAR	21c. HOW INJURY OCCU	JRRED (ENTER NATURE O	F INJURY IN ITEM 18 F	PART 1 OR PART 2)	
	MEC	AT TOLL OF STREET	21e PLACE OF INJURY (AT HOME STREET, FACTORY)	OFFICE, FARM, ETC.)	21f LOCATION STREET	CITY	OR TOWN	COUNTY	STATE
		10w the deceased after a	production of the deceased	20	that in (my) our) opinio	n death occurred on t	he date and hou	r ond from the	that (1) we) lost couses stated
		POLICE	A Jack	Ilis	DEGREE ATTENDING PHYSICIAN	MEDICAL DIRECTOR PH	STAFF IYSICIAN [6/23	
		Dr. Diana G	1 M 1 //		St. Agnes	Hospital			
1	23a B	BURIAL, CREMATION, REMOVA SPECIFICAL	6/25/82		emetery or crematory of National	23d LOCATION CITY OR TOV Baltimo	VN .	COUNTY	MD STATE
	24 FL	UNERAL DIRECTOR 8728		Randallst		A THE OF MY HOUSE	PAR THE REGIST	RAR SIGNA	
		rina Buers Fund				011 40 1982	- o Parrice	Jan	wither

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A SECOND CONTRACTOR OF THE PERSON OF THE PER The first state of the state of

STATE OF MARYLAND

item 5 ok #G568 6/17/82 ph



Bernell & Carlotte La committee of the state of th 2014 MON 2 1046 2 100 1 010m 4100 AZ PROSES SOCIETADOS PROSES PROSESSOS SEL John Lines Carlot WASHING THE IN THINK DE \$1 JUNE THE THE WASHINGTON - tour st 6/17/62 min Caldena Lean Butter Con 2 min STATE OF THE LAND WAS ASSESSED AND AND ASSESSED TO THE STATE OF THE ST

Howard K. McComas III, Abingdon, Md.

FOR

- STATE

OF MH - 16 50M 1/81 (VRA 15, 4) STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

March Server of Mary The second time - Statistical Science The state of the second st Carling System Control of the State Company of the Company of the

	1	FOR			DED A DY MACNI	STATE OF	AARYLAND I AND MENTAL H	IVCIENT				
-	1-	FOR STATE REGISTRAR					CERTIFICATE C	3-4	2 REG. NO	1 4	16	-1
		CEASED NAME PE OR PRINT)	FIRST		MIDDLE		LAST	20 DA	TE KNOWXX	MONTH	DAY YEAR	2h HOUR
	3. SE	X 4.	ROS ROS RACE	5. DATE OF BIRTH	6 AG	E (IN YEARS IF U!	DER 1 YR. IF UNDER	24 HRS. 2c D	ATE DUNCED	MONTH 6-9-8	DAY YEAR	2d HOUR 10 · 45
	E		Cauc.	10 13	1899 8	2 YRS.	5475	D	EAD		19	10:45
11	7a B	RTHPLACE (STATE	E OR	76 CITIZEN OF WI	HAT COUNTRY?	8 MARR	IED NEVER MARR	IED 9 BAL	TIMORE CITY C	OUNT	Y OF DEATH	
1		Italy		U.S.A.			VED X DIVORC		Itimore	City		MD
33		ITY OR TOWN OF Baltimor	е	Johns	CILITY, GIVE STREET AS	Hospita	ER INSTITUTION	FOR MOST OF	CUPATION (TYPE WORKING LIFE) Wife	E OF WORK	OR INDUST	
3		AL RESIDENCE (# STATE Md.	IN NURSING HOME OF	R OTHER INSTITUTION, GI	13c. CITY OR TO Balti	OWN	134. INSIDE CITY LIMITS? YES NO	13e, STREET AD	Stree	per	St.	
	14. F	ATHER'S NAME		MIDDLE			15 MOTHER'S MAIDE		WIDDLE		LAST	
H	1	Jnknown		MIDULE	LAST		Unknow	m	Middle		5.731	
	160	WAS DECEASED E	VER IN U.S. ARM	MED FORCES?	166 SOCIAL SI	CURITY NO.	17. INFORMANT		ADDRESS	5	1 S	
/		VO	(IP YES, GIVE V	WARORDATES	217-0	9-3469	Maria Nu	eslein	2804	E. F	airmou	nt
		18 CAUSE OF D	DEATH (Enter onle	y one couse per line	for (a), (b), and	(c).)					APPROXIMAT BETWEEN ONSE	E INTERVAL T AND DEATH
		PARTIDEAT	H WAS CAUSED	BY:	Atlanto-	occipit	al dislocat	ion				
RIAL, CREMATION, OR REMOVAL	-	1 8 8 8	Comment		AS A CONSEQU							
	1		if any, which	(6)							1	
5			ta immediate ating the <u>under-</u>	DUE TO, OR	AS A CONSEQU	ENCE OF						
		lying couse	lost.	(4)				- 22 P				
		PART 2 OTHER SIGNS	FICANT CONDITIONS	CONTRIBUTING TO OEATH	BUT NOT RELATED TO	THE TERMINAL OISEA	E OR CONDITION GIVEN IN PA	IRT 1 (a)				A I
	CERTIFICATION	19a. DATE OF O	PERATION	19b. CONDI	TION FOR WHIC	H OPERATION V	AS PERFORMED?				120 AUTOPSY	?
/	IFIC.										YES X	NO 🗆
4	ER	21a. EXTERNAL	CAUSE WAS	21b. TIME OF		21c. H	OW INJURY OCCURRE	ED (ENTER NATURE C	OF INJURY IN ITEM 18	PART 1 OR PAP		140 🛮
5	MEDICALC		CAUSE OF D	DEATH P.M		19	ubject fell	while	walking			
	AED	21d INJURY OC WHILE		STREET FAC	OF INJURY (AT	IOME, 21f. LC	CATION STREET	CITY O	OR TOWN	cou	JNTY	STATE
1	1		AT WORK X	x in a	n allev		N. Kenwoo	d Stree	t Bal	Ltimor	re Mary	/Land
		22a certify	that I took charge	e of the remains des	cribed above, he	ld on Auta	1			nd in my ap	//	7 3 1 1 3
1	9	death resulted		ol causes .	Accident XX	Suicide	Hamicide .	Undetermine	d monner .			
			M			10	TITLE (SPECIFY)					
		ACTUAL SIGNATURE	- WA	late 1	o your	ell,	ApAssistant	MEDICALE	XAMINER	DATE	06-10-82	
5	1		9	7	1-0-3					0.01.0		DAVE
13 530		EXAMINER'S NA	Mar Mar	garita A	Korell	MD	ADDRESS 111	Pann St	root			
	23a.l	SURIAL, CREMATIC		3b DATE		OF CEMETERY		23d. LOCATIO	N	COUN	171	TATE
	1	Burial		6/14/82	Holy	Redee	mer Cem.	Ralt	imore		. M	Id.
		UNERAL DIRECTO	OR			110400	250. DATE	REC'D. BY REGIS	TRAR 251 EG	ISTR RES	IGNAY/RE CA.	
)	B	. Dabro	wski &	Son 28		2altimo	re st JU	N 1 4 198	32 mas	w y		
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STATE OF MARYLAND FOR STATE

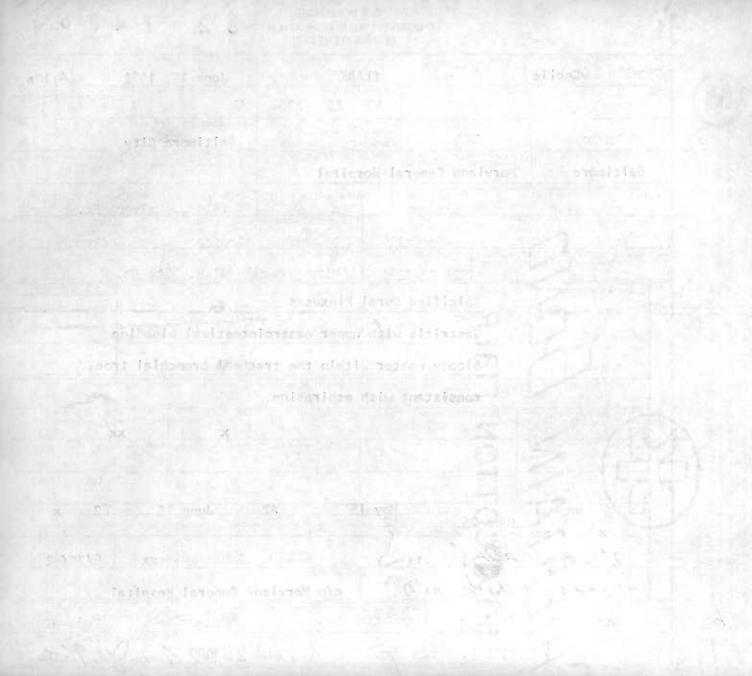
DEPARTMENT OF HEALTH AND MENTAL HYGIENE &

	REGISTRAR			CERTIF	ICATE OF DEATH	REG. N	10			
	CEASED NAME FIRST		WIDDLE	ı	AST			DAY YEAR	2b HOU	JR
ď	ecëlia (Cecile	.)	Υ.	CL	ARK	June 25	, 1982	2	6:1	0а м
3. SE	X	4 RACE		5. DATE C		6 AGE (IN YEARS LAST BE		IF UNDER 1 YEAR	IF UNDER	24 HR5
	Female	Bla	ack	10	19^4 39^8	42	YRS.	AONTHS DAYS	HOURS	MIN.
7a B	IRTHPLACE (STATE OF FOREIGN	76 CITIZEN OF	WHAT COUNTR	Y? 8	NEVER MARRIED	9 BALTIMORE CITY		OF DEATH		
	Delaware	Ţ	JSA	WIDOWE		Baltimor	e City	,		MD
10 C	ITY OR TOWN OF DEATH			SING HOME C	OR OTHER INSTITUTION	120 USUAL OCCUPAT	ION	126 KIND O	F BUSINE	
	Baltimore	Maryl	and Gene	eral Ho	spital	(TYPE OF WORK FOR MOST	DF WORKING LIFE	INDUSTRY		
13a.	AL RESIDENCE (IF NURSING HOME O STATE 136 COU	ROTHER INSTITUTION	13c CITY OR TO		13d. INSIDE CITY LIMITS?	13e STREET ADDRESS	THE BLO			
	MD		Baltimo		YES NO	1614 N.	Calve	ert St.		
14 F.	ATHER'S NAME	MIDDLE	LAST		15 MOTHER'S MAIDEN NA	ME		60-0		
1	Lemas	E.	Wood	Ball	Mary	Louise		Jackso		
	WAS DECEASED EVER IN U.S. AL	RMED FORCES?	166 SOCIAL SE		17 INFORMANT	ADDR	ESS	odenso		-
	YES, NO OR UNKNOWN) (IF YES, GI	VE WAR OR DATES)	221-24-	-8286	Louise Wooda	11 401 E. 2	5th St			
	18 CAUSE OF DEATH (Enter o								MATE INTER	PEATH
	PART I. DEATH WAS CAUSI	TE CAUSE (a)	alcifie	d Dural	Plexuses					
	5353		P AS A CONSEC	DUENCE OF			38,37			
	Conditions, if ony, which	(b)	astriti	swith	upper gastroi	intestinal	bleedi	ng		
	gove rise to immediate cause (o), stoting the		RAS A CONSEC							
12	underlying cause lost	((c) E	loody m	atter w	ithin the tra	acheal bron	chial	tree,		
130	PART 2 OTHER SIGNIFICANT	CONDITIONS C	ONTRIBUTING T	O DEATH BUT	NOT RELATED TO THE TERM	AIN AL DISEASE OR CON	DITION GIVE	N IN PART 11	a	
CERTIFICATION	1700		consista	nt with	aspiration.					
CAT	90 DATE OF OPERATION	196 COND	ITION FOR WHI	CH OPERATIO	N WAS PERFORMED	200 AUTOPSY?	20b. IF YES,	WERE FINDIN	GS USED)
E		- 37				YES NO		ING CAUSES	NO [
100	210. ACCIDENT WAS UNDERLYING	21b. TIME C	OF INJURY .M. MONTH	DAY VEAR	21c HOW INJURY OCCUR	RED (ENTER NATURE OF INJU				
CAL	OR CONTRIBUTING CAUSE OF DE	AIN	.M. MONTH	DAT TEAR						
MEDICAL	21d INJURY OCCURRED	21e PLACE	OF INJURY		211 LOCATION	CITY OR TO		COUNTY		TAIE
×	WHILE NOT WHILE AT WORK	(AT HOME, ST	REET, FACTORY, OFFIC	E FARM, ETC }	STREET	CITY OR TO	JWN	COUNTY	51	TAIL
	22a.1 certify that XXthis hosp				19 *2		25	9_82_	thot XI (v	we) lost
-	saw the deceased alive or abave, vi (we) (did) (did oc	view the bady	after death	82_, an	d that in (xx) (our) opinion	death occurred an the d	ate and hour	ond from the	causes sta	ated
	22b. SIGNATURE	71	, ,		DEGREE			22c DATE		
	Michinal	1014	de n	2.8	ATTENDING PHYSICIAN	MEDICAL STA		6/2	5/82	
	220 PHYSICIAN'S NAME TYPE	OR PRINT)			22e ADDRESS	3		10/2	2102	
	MichARI.	A Hyl.	E m-	n.	c/o Maryla	nd General	Hospit	al		
23e.	BURIAL, CREMATION, REMOVAL		23	NAME OF C	EMETERY OR CREMATORY	23d LOCATION				
	Burial	7/1/	82 I	Lockwoo	d Cem.	Lockwood	172	Del	awar	E E

DHMH - 16 50M 1/81 (VRA 15, 4)

Wm. C. March F/H 1101 E. North Ave.

250 DATE REC'D. BY REGISTRAR 256 REGISTRAR'S SIGNATURE
JUN 28 1982 Janees



STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

REG. NO

MONTH

IF UNDER I YEAR IF LINDER 24 HRS

BALTIMORE

12b. KIND OF BUSINESS OR

21212 LAST

Evans

3

NO [

STATE

APPROXIMATE INTERVAL

206. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH?

COUNTY

22c. DATE SIGNED

Md.

24 FUNERAL DIRECTOR

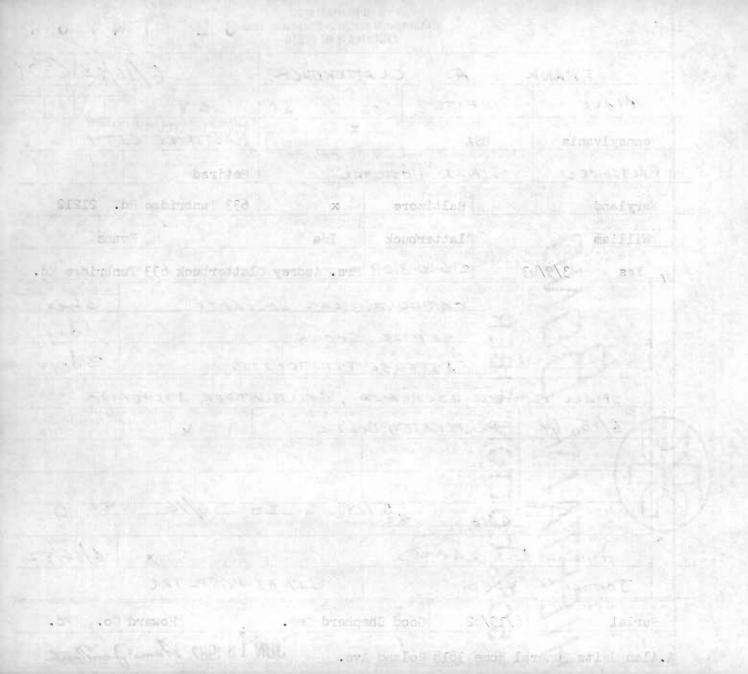
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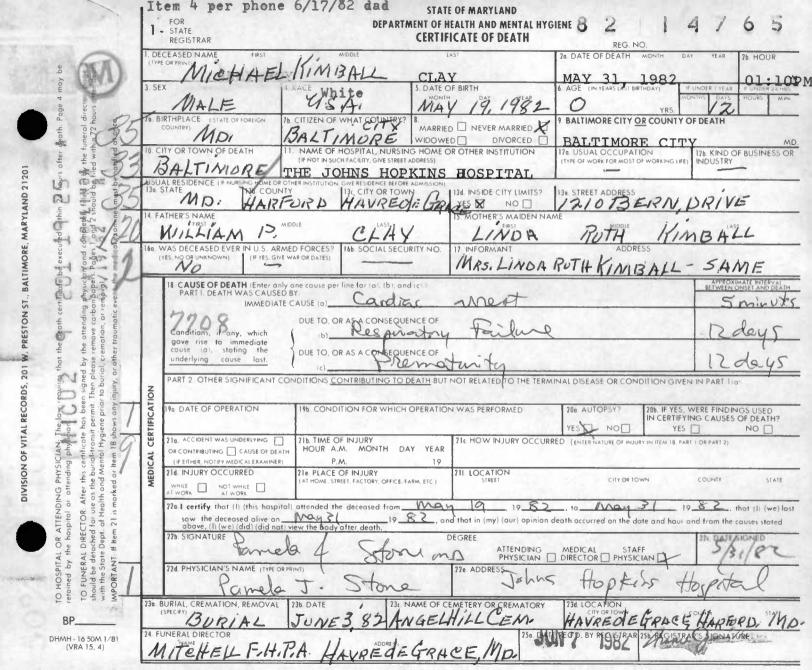
REGISTRAR

.Alan Seitz Funeral Home 3818 Roland Ave.

250. DATE REC'D. BY REGISTRAR 256 REGISTRAR'S SIGNATURE

DHMH-16 50M 1/81 (VRA 15, 4)





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STATE OF MARYLAND
DEPARTMENT OF HEALTH AND MENTAL HYGIENE

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	A DESCRIPTION OF THE PROPERTY	3. SEX		4 RACE	5 DATE OF B		6 AGE (IN YE	ARS IF UN		F UNDER 2	24 HRS. 2	t. DATE		нтиом	DAY	YEAR	24 HOUR
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-	公司等	10	REIGN COUNTRY)			1	11.7		ED A NEVE					_		CAIII	
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	Z HE BELL	IU CI	IT OK TOWN (JF DEATH		HOSPITAL, NUI		e, OR OTH	ER INSTITUTIO	ON	FORM	OST OF WORK	ING LIFE)	YPE OF WORK	AL OF	ND OF BU	SIMESS
	ESTA. IF ANY DELAY IS. PM 3. RETAIN PAGE ND 2 SHOUD BE FILED VITAL RECORDS, 201		Baltimo	re	Balt	imore Ci	ty Hos	pital			Re	ost of work		100	Neu	spap	er
-	OF A STAN	13a. S	L RESIDENCE (IF IN NURSING HOME C		ION, GIVE RESIDENCE	OR TOWN	ON)	13d. INSIDE CITY	TIMITS? II	13a STRE	ET ADDRES	S				
212	C CE SE AN		aryland			Ba	timore	2		NO 🗆	906	Sour	th Fai	olen	Stre	of 2	1224
9	AL AL		THER'S NAME		-				15. MOTHER							-	-
	DEATH OF WILL		Joseph	1	liles		INOR.		Bert	ha		MIC	DDLE	111; 1	llian	LAST	
Q	00500	16a V	AS DECEASED	EVER IN U.S. AR			IAL SECURIT	Y NO.	17. INFORMA				ADDRES		ALUII.	<i>V</i> 3	
É	AFTER SIVE PA H FOR AGES I	{4	S, NO, OR UNKNO	WN) (IF YES, GIVE	WAR OR DATES)	2/2	-07-51	12	Cathe	nina	1 1	1	- 00	65.F	/-	5-	de a a a d
W. PRESTON ST., BALTIMORE, MD. 2120	URS AFTER DEATH. 18. GIVE PAGES 1, 2 WITH FORM PM 2 MIT. PAGES 1 AND 2 E, DIVISION OF VITA			DEATH /E			-	6	Laure	raise.	/10	Leave	16 100	J J 1		PPROXIMATE	
72	24 HOURS ITEM 18. G LONG WIT PERMIT. P. GIENE, DIV		PART I DE	DEATH (Enter on ATH WAS CAUSE	ly one couse pi DBY:										BETY	VEEN ONSE	TAND DEATH
NO	ZA HO TEM 1 ONG PERMI SIENE,		42	12 IMMEDIA	TE CAUSE (0)				cardi	iovas	cula	r dis	ease				
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		10	lying cous	stating the under- se last.	DUE TO	O, OR AS A CON	SEQUENCE	OF									
20	ON SERVICE				(c)_												
SOS	EXECUTED ING. IN PERCENTED ING. IN PERCENTED A BURIAL. HAND METION, C		PART 2 OTHER SIG	INIFICANT CONDITIONS	CONTRIBUTING TO	DEATH RUT NOT RELA	TEO TO THE TERM	INAL DISEASE	OR CONDITION G	GIVEN IN PART	11(a),						
DIVISION OF VITAL RECORDS, 201	M S S S S S S S S S S S S S S S S S S S	CERTIFICATION	330														
-	SE LEST	Y	19a DATE OF	OPERATION	196 C	ONDITION FOR	WHICH OPER	ATION W	AS PERFORME	ED?		L EX.			20 A	UTOPSY?	
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, m	EN PER S	1 2		L CAUSE WAS		ME OF INJURY		21c. HC	OW INJURY O	CCURRED	ENTERN	ATURE OF INJU	IRY IN ITEM 11	B PART 1 OR P	ART 2)		- 11000
2	SHEET STATES		UNDERLYING	OR OG CAUSE OF		R A.M. MONTH P.M.	DAY YEAR	3									
	CERTIFICATE TING THE W SED TO THE 3 SHOULD B DEPARTMEN I PRIOR TO B	MEDICAL	21d INJURY O	CCURRED		ACE OF INJURY		21f LOC	CATION								
>	S C S C S C S C S C S C S C S C S C S C	N N	WHILE	NOT WHILE C	STRE	ET, FACTORY, FARM, E	(C.)	S	TREET			CITY OR TOW	N	C	OUNTY		STATE
	WER, THIS CERTIFICATE SHOULD CATE, WRITING THE WORD."PE FORWARDED TO THE CHIEF MORE SHOULD BE USED A HEESTATE DEPARTMENT OF HEESTAND, 21201 PRICK TO BURNAL, CAND, 21201 PRICK TO BURNAL, CAND		AT WORK	AT WORK					- Command								
	NES SATES		22a I certif	y that I taak charg	e of the remai	ns described abo	ve, held an	Autops	sy 📙 . I	Inspection	LXI.	Inquiry	□。	and in my o	pinion		
4.	MAN HELD		death resulte	d from Notu	ral couses X	, Accident	L, Su	icide	, Homicide	le 🔲 .	Undeter	rmined mar	nner .				
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	AHONE HA		ACTUAL SIGNATURE_	1111	NO	NOX	1	, M.	D. Assis	stant.	MEDIO	CAL EXAMI	NER	DATE	ED	6-27	-82
	NER SET	1		/ \	И В	./	_							- 14-1	0.1	201	
	MEDICA SCUTE TH SE A SH FUNER FER DEAT		EXAMINER'S	NAME AN	in M. D	ixon, M.	υ.		ADDRESS	111 P	enn :	ST.,	васто	D., MG	. 41	201	
	TO MEDICAL EXAMINER: THIS CE EXECUTE THE CERTIFICATE, WRITH PAGE 4 SHOULD BE FORWARDED TO FUNRAL DIRECTOR, PAGE 3 AFTER DEATH, WITH THE STATE DE BAGTIMORE, MARYLAND, 21201 P	23a. B	JRIAL, CREMAT	ION, REMOVAL	36 DATE	23c. h	AME OF CE	METERY O	R CREMATOR	RY	23d, LOC	CATION			UNTY	61	ATE
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(TYPE	E OR PRINT)											20 11001
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	Female	Black		MANTH	24	1894		TEARS LAST BIR	THDAY	MONTH		HOURS !
_				4	24	1074	88	-	YRS			
	IRTHPLACE (STATE OR FOREIGN	76 CITIZEN OF WHAT		MARRIED	NEVER	MARRIED D	9 BALTIMO	ORE CITY O	R COUNT	Y OF D	EATH	
	N.C.	U . S		WIDOWED		NORCED [Bali	imore	City	v		
	Baltimore	III. NAME OF HOSP	ITAL, NURSING LITY, GIVE STREET A 10°al	ADDRESS)		TITUTION		OCCUPATI RK FOR MOST C			DUSTRY	BUSINES
130	RESIDENCE (IF NURSING HOME 13b CO	OR OTHER INSTITUTION GIVER UNITY	ESIDENCE BEFORE	City	13d. INSIDE C	CITY LIMITS?	13° STREET	ADDRESS Beli	ont	Ave	9.	
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DHMH - 16 50M 1/81 (VRA 15, 4)

TO FUNERAL DIRECTOR: After this certificate has been signed by the ottending physician and completely filled in by the funeral should be detached for use as the burial-transit permit. Then please remove carbonpopers. Pages 1 and 2 should be filed within 72 with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

TO HOSPITAL OR ATTENDING PHYSICIAN: The low requires that the death certificate be

etoined by the hospital or attending physician

Albutus Hem.

250 DATE REC'D. BY REGISTRAR 256 REGISTRAR'S SIGNATURE

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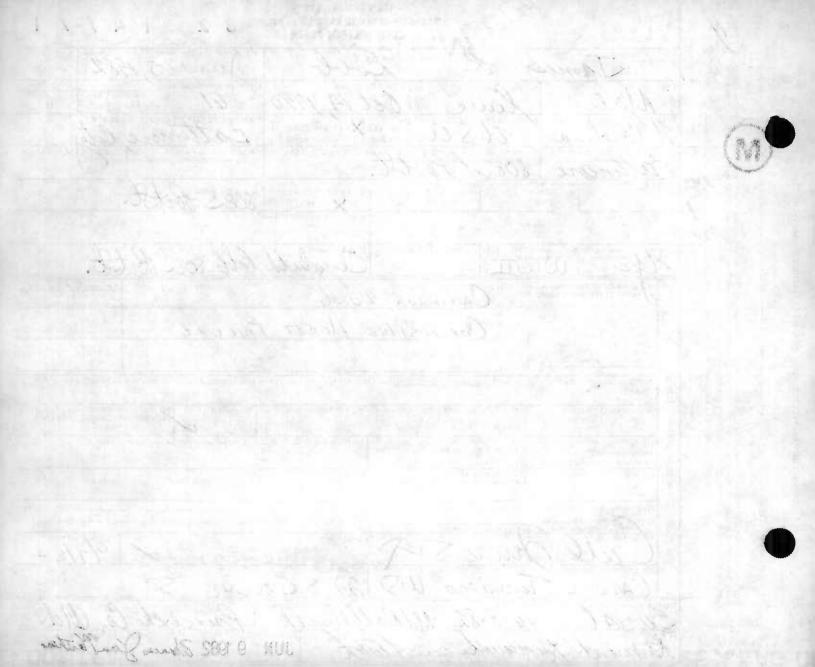
				STATE OF MARYLAND			
1	1.	FOR STATE REGISTRAR	DEPAI	RTMENT OF HEALTH AND MENTAL HYD CERTIFICATE OF DEATH	GIENE 8 2	147	6 9
	1. DE	CEASED NAMShirley		Clafton	20. DATE OF DEATH	MONTH DAY YEAR	2b HOUR
,		SHIRL	EY Mae	CLIFTON		6 10 82	10 10 M
I sa Get	3. SE		4 RACE	5 DATE OF BIRTH 9-17-19	GE (IN YEARS LAST BIRT	MONTHS BAYS	IF UNDER 24 HRS
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199		IRTHPLACE - I STATE OR FOREIGN	76 CITIZEN OF WHAT COUNTR	MARRIED NEVER MARRIED	9 BALTIMORE CITY O	R COUNTY OF DEATH	
877	10.0	W. Va.	USA	WIDOWED DIVORCED		CITY	MD.
13	10 C	SALTO	S. ISACTO. G	SING HOME OR OTHER INSTITUTION REF ADDRESS! HOSP	126 USUAL OCCUPATION OF WORK FOR MOST OF WORK FOR MOST OF WAIT PESS	ON INDUSTRY Rest	Dixie aurant
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急しい		HARRY	Benner	SHIR	LEY MIDDLE	1114	ICE
medical			MED FORCES? 168 SOCIAL SE	CURITY NO. 17 INFORMANT	ADDRE		01000
me		NO -	405-44	-5845 Donna Tul	L1y 1730 C	larkson St	. 21202
t, the		18 CAUSE OF DEATH (Enter on	y ane cause per line far (a), (b),	and (c) 1 costs		APPROX BETWEEN	IMATE INTERVAL
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. 01		underlying couse lost	(c)				
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ony i	ATI	19a. DATE OF OPERATION	196 CONDITION FOR WHI	CH OPERATION WAS PERFORMED	20a AUTOPSY?	206 IF YES, WERE FINDIN	NGS USED
SWS	TIFIC				YES NOT	IN CERTIFYING CAUSES	OF DEATH?
8 sh	CERTIFICATION	210 ACCIDENT WAS UNDERLYING	21b. TIME OF INJURY	21c. HOW INJURY OCCUR	~ _		
E /		OR CONTRIBUTING CAUSE OF DEA		DAY YEAR			
or the	MEDICAL	214 INJURY OCCURRED	21s PLACE OF INJURY	21f. LOCATION			
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E S		22a.1 certify that (I) (this haspit	al attended the deceased from	1 6/6 10 82	- to 6	110,082	that (I) Well Det
21 is		saw the described anve on.	6/10 19	02	death accurred on the do	ate and hour and from the	couses stated
E B		abave, (1) we) (did) (did not 22b. SIGNATURE	view the body after death.	DEGREE		22c DATE	SIGNER
=		Class	10	ATTENDING	MEDICAL STAF	F 10 61	12/87
7		22d. PHYSICIAN'S NAME	(FE(si))	22e ADDRESS	DIRECTOR PHISIC	TANK	40=
MPORTAN		C- 7/2	FL_	EB6H-30	OI C. UM	MALLED C	7
OdWI	23a F	BURIAL, CREMATION, REMOVAL	23b. DATE 23	BE NAME OF CEMETERY OR CREMATORY	123 LOCATION	NOV BIC 5	/
		Cremation	6/12/82	Greenmount Crema	tory Ral	timore, Md	STATE
 1/B1	-					25h RE RAR'S MONAT	UM 77 - 2 2
1/B1		NAME 3331 mg	rehms Lane,	HOme Balto, Md. 21213	JUN 15 198	Many Ja	2 / as (hand

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STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE CERTIFICATE OF DEATH REGISTRAR REG. NO 1. DECEASED NAME 2a DATE OF DEATH (TYPE OR PRINT) adi Roberts 3. SEX 4 RACE 6 AGE (IN YEARS LAST BIRTHDAY) DAYS lack TO BIRTHPLACE LISTATE OF FOREIGN Th CITIZEN OF WHAT COUNTRY? **BALTIMORE CITY OR COUNTY OF DEATH** MARRIED NEVER MARRIED DIVORCED WIDOWED 10 CITY OR TOWN OF DEATH NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION 126 KIND OF BUSINESS OR (TYPE OF WORK FOR MOST OF WORKING LIFE) omemaker OMC SUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) 13. SWELT ADDRE Maryland 136 COUNTY 13c. CITY OR TOWN 13d INSIDE ITY LIMITS? Baltimore arvland 1501 Dukeland Street, Balto, 4 FATHER'S NAME Harry Roberts Cummings ADDRESS21215 160 WAS DECEASED EVER IN U.S ARMED FORCES 17 INFORMAN Balto . , Md . IYES, NO OR UNKNOWN) (IF YES, GIVE WAR OR DATES) No E. Smith APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH 18 CAUSE OF DEATH (Enter only one couse per line for PART I. DEATH WAS CAUSED BY W. PRESTON ST., IMMEDIATE CAUSE (o DUE TO, OR AS A CONSEQUENCE OF Conditions, if ony, which gove rise to immediate couse (o), stating the DUE TO, OR AS A CONSEQUENCE OF otho underlying couse CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110 PART 2. OTHER SIGNIFICANT CONDITIONS DIVISION OF VITAL RECORDS. CERTIFICATION prior 19n DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED YES, WERE FINDINGS USED INVERTIFYING CAUSES OF DEATH? per YES NO [Mental Hygi 210. ACCIDENT WAS UNDERLYING 716. TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18, PART 1 OR PART 2) 00 HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) MEDIC/ P.M 5 21d INJURY OCCURRED 21e. PLACE OF INJURY 21f LOCATION (AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.) CITY OR TOWN COUNTY STATE WHILE NOT WHILE AT WORK AT WORK 220.1 certify that (1) (this haspital) attended the deceased from. saw the deceased alive on ____, and that in (my) (our) opinion death occurred on the date and hour and from the causes stated ve, (I) (we) (did) (did not) view the body ofter deoth ATTENDING TO FUNERAL E should be detor with the State E DIRECTOR PHYSICIAN [MPORTANT: PHYSICIAN 22e ADDRESS 23a, BURIAL, CREMATION, REMOVAL 231. NAME OF CEMETERY OR CREMATORY 23b DATE 23d. LOCATION Burial Park Baltimore County, Maryland 24. FUNERAL DIRECTOR DHMH - 16 50M 1/76 (VR A 15 (4)) E. NUTTER FUNERAL HOME 3035 W. NORTHAN

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aw requires that the death cer een signed by the attending p Then please remove carbon p or to burni any injury, or other traveret	NO	Conditions, if any, which gave rise to immediate cause (a) stating the underlying cause lost. PART 2 OTHER SIGNIFICANT CON	DUE TO, OP AS A CONSEQU	STING HEART	FAIL URE	ION GIVEN IN PART 1(0)
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R: A sas the salth is me	ME	WHILE NOT WHILE AT WORK AT WORK 220 certify that (1) (this hospital)	(AT HOME, STREET, FACTORY, OFFICE,		CITY OR TOWN	COUNTY STATE
r the hospital AAL DIRECT detached for use Dept. of		Sport The deceased alive an oboye (I) (we) (did) (did nor) vi	the body after death.		m death occurred on the date	and haur and from the causes stated 221. DATE SIGNED
TO HOSPITAL retained by the TO FUNERAL should be detac with the State [IMPORTANT:		CARL C. T.	ommaso l	hg 29 5.6.	REENE S	80.
BP	230.	BURIAL, CREMATION REMOVAL	6.8.82 W	NAME OF CEMETERY OF CREMATORY Watthem TR.	23d. LOCATION CHYPRIONN PLENCE AT DECISION DEC	Sko. Co. ald.
DHMH-16 25M (VRA 15 4) 1/79	1	HAME BIRECTOR J. XARA	ADDRESS -	rolled ill	N 9 1982	REGISTRANS STOPPING



	1	FOR				E OF MARYLAND				
7	1	STATE REGISTRAR		DEPART	CERTII	HEALTH AND MENTAL HY	GIENE 8-2 REG. N	0	1 /	12
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	FOR STATE REGISTRAR	DEPAR	CERTIFICATE OF DEATH	0 4	14773
342.30	1. DECEASED NAME FIR	51 MIDDLE	LAST	REG. NO.	DAY YEAR 26 HOUR
	(TYPE OR PRINT)	ARK I	COHEN	,	0 00 205.
	3 SEX	4 RACE	. S. DATE OF BIRTH	6 AGE (IN YEARS LAST BIRTHDAY)	IF UNDER 1 YEAR IF UNDER 24 HRS.
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7	COUNTRY)	USA	MARRIED NEVER MARRIED X	70.	
勿	10 CITY OR TOWN OF DEATH	11. NAME OF HOSPITAL, NUR	WIDOWED DIVORCED SING HOME OR OTHER INSTITUTION	120 USUAL OCCUPATION	126 KIND OF BUSINESS OR
X	BALTIMORE	(IF NOT IN SUCH FACILITY, GIVE STR	KEM DP VI AND	IN MATE ATM	DOLLTO HOLD
20	USUAL RESIDENCE LIF NURSING HO	OME OR OTHER INSTITUTION GIVE RESIDENCE BEF		INMAIERIM	PENTIBULIAR
15	MARYLAND 136.	COUNTY 136. CITY OR TO	T. YES NO 1	MD. PENITE	1 HINDY
	14. FATHER'S NAME	DALI' IDAL	15 MOTHER'S MAIDEN N		WIIIMY
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	Delove (IV we (Side)s	lid not view the body after death.	DEGREE		THE DATE SIGNED!
	1	1111	ATTENDING	_ MEDICAL _ STAFF	1/8/90
7	THE PHYSICIPAL'S NAME	(Skur M)	PHYSICIAN 22e ADDRESS	DIRECTOR PHYSICIAN	16/0/02
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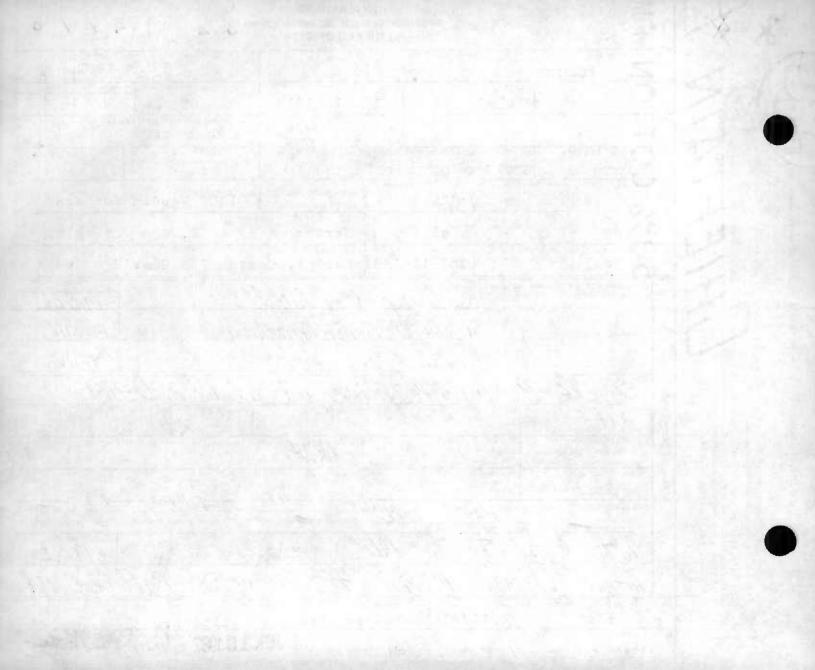
DI HYGIENE 8 CERTIFICATE OF DEATH

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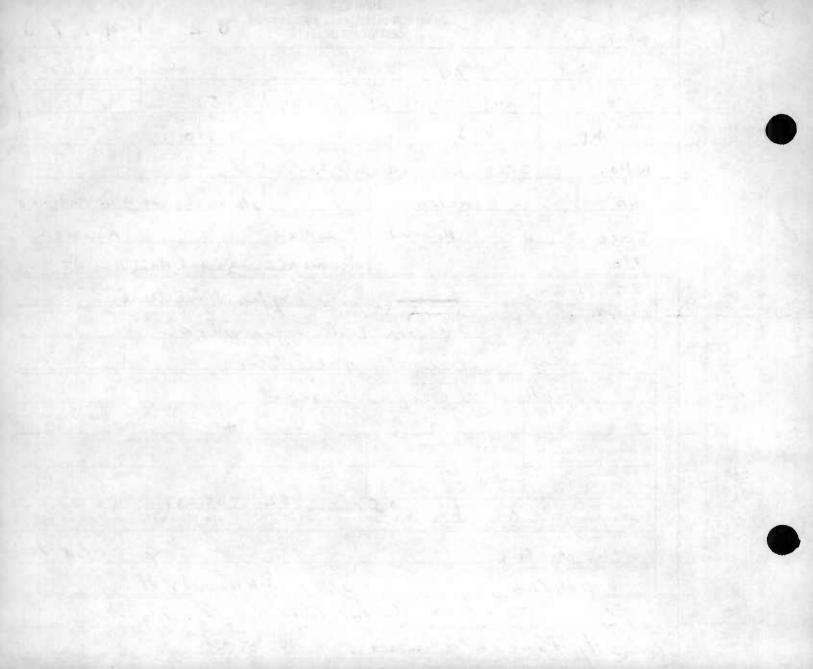
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STATE OF MARYLAND
DEPARTMENT OF HEALTH AND MENTAL HYGIENE

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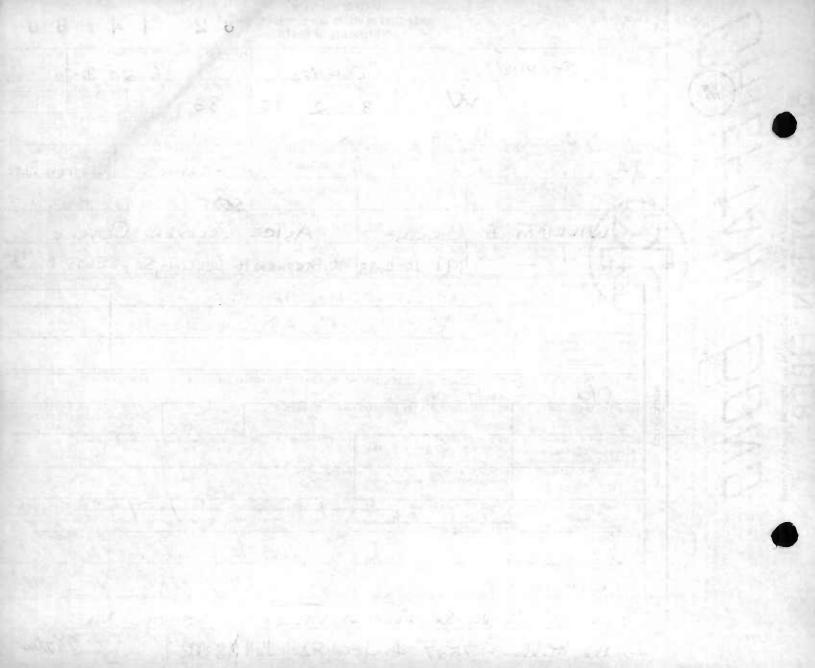
REGISTRAR		CERTIFICATE OF DEATH	REG. NO.	
1. DECEASED NAME FIRST	WIDDLE	LAST	20. DATE OF DEATH MON	
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3. SEX FEMALE	BIACK	5. DATE OF BIRTH	6 AGE (IN YEARS LAST BIRTHDAY	IF UNDER TYEAR IF UNDER 24 HAS MONTHS DATS HOURS MIN.
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FORMAR S	PURNE	15 MOTHER'S MAIDE	BURUS MADE	tAST -
	ARMED FORCES? 16b SOCIA GIVE WAR OR DATES) 2.16	SECURITY NO. 17 INFORMANT	A Collins 48	30 Gilnay)
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Conditions, if any, which		spiratory arres	+	11:45
gave rise to immediate couse to, stating the underlying cause last.	DUE TO, OR AS A CON	ISEQUENCE OF	intratemporal herac	etona
	T CONDITIONS CONTRIBUTION	IG TO DEATH BUT NOT RELATED TO THE		ON GIVEN IN PART I to
& severe type	rtension			
Severe type 19a. Date of Operation 6/22/82 21a. ACCIDENT WAS UNDERLYING	- Right in	which operation was performed tratemperal hematoma well middle cerebral aneur	IN.	. IF YES, WERE FINDINGS USED CERTIFYING CAUSES OF DEATH? YES NO NO
OR CONTRIBUTING CAUSE OF	DEATH HOUR A.M. MONT	H DAY YEAR	CURRED (ENTER NATURE OF INJURY IN II	TEM 18 PART 1 OR PART 2
(IF EITHER NOTIFY MEDICAL EXAM 21d INJURY OCCURRED WHILE AT WORK AT WORK	P.M. 21e PLACE OF INJURY (AT HOME STREET, FACTORY)	19 211. LOCATION STREET	CITY OR TOWN	COUNTY STATE
22a I certify that 🚧 (this ha	spital) ottended the deceased	from, 19		, 19 that Hr (we) la
	not) view the body after death	_19	inion death occurred an the date a	
22b. SIGNATURE	wrence Ka	DEGREE ATTENDIT PHYSICIA PHYSICIA		226. DATE SIGNED 6/28/82
22d. PHYSICIAN'S NAME (TY	E OR PRINT)	22e ADDRESS		
M. LAWRENC	E KAPLAN, M.D.	201 E. U	JNIVERSITY PARKWA	AY
23a BURIAL, CREMATION, REMOV	AL 236 DATE	23c NAME OF CEMETERY OR CREMATO		
BURINE	7/2/50	ANSUTUS	CITY OR TOWN	13) COUNTY 2 2 7 STATE

24 FUNERAL DIRECTOR 250 DATE REC'D. BY REGISTRAR 756 REGIS

DHMH - 16 50M 1/81 (VRA 15, 4)

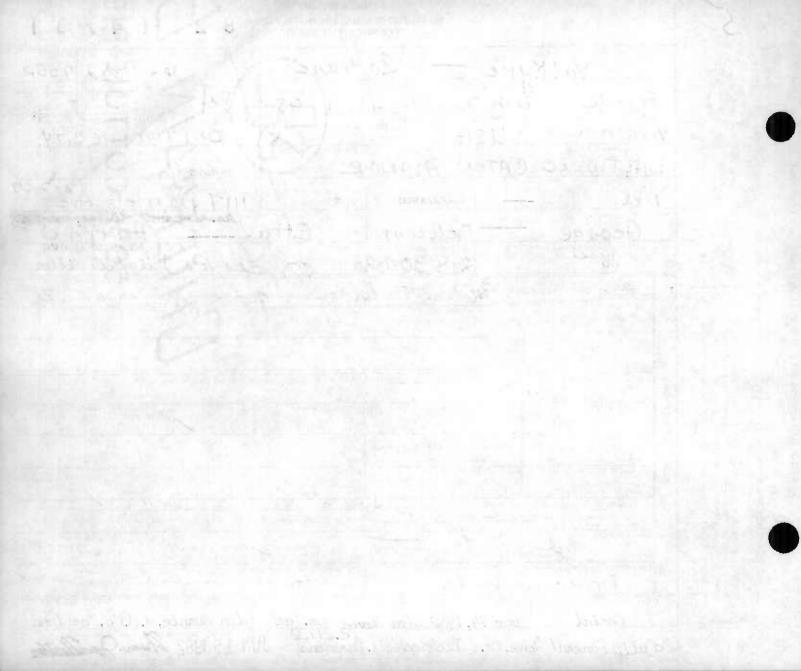
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STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE FOR - STATE CERTIFICATE OF DEATH REGISTRAR REG. NO I. DECEASED NAME MIDDLE 2a. DATE OF DEATH MONTH DAY 25 HOUR (TYPE OR PRINT) STEPHEN .582 M IF UNDER 24 HR 3. SEX 4 RACE 5. DATE OF BIRTH 6 AGE (IN YEARS LAST BIRTHDAY) IF UNDER 1 YEAR MONTH YEAR HOURS 83 428 9 BALTIMORE CITY OR COUNTY OF DEATH 10. BIRTHPLACE ISTATE OR FOREIGN 76. CITIZEN OF WHAT COUNTRY? MARRIED NEVER MARRIED COUNTRY WIDOWED DIVORCED [11. NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION ID CITY OR TOWN OF DEATH 12ª USUAL OCCUPATION 176 KIND OF BUSINESS OR LIF NOT IN SUCH FACILITY, GIVE STREET ADDRESS) (TYPE OF WORK FOR MOST OF WORKING LIFE) INDUSTRY WESTERN WELDER MARYLAND 21201 JOUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION 13a STATE 13b COUNTY 13c. CITY OR TOWN 13d INSIDE CITY LIMITS? 13e STREET ADDRESS Bland AIN 14 FATHER'S NAME MIDDLE puo WILLIAM 168 WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO 17 INFORMANT (YES, NO OR JINKNOWN) (IF YES, GIVE WAR OR DATES) 5605 COLLINS SR .-APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH CAUSE OF DEATH (Enter only one cause per line, for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE to PRESTON DUE TO, OR AS A CONSEQUENCE OF Conditions, if any, which gave rise to immediate cause (a), stating other DUE TO, OR AS A CONSEQUENCE OF DIVISION OF VITAL RECORDS, 301 W. underlying couse 5 PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1161 CERTIFICATION prior ony 19a. DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED 20a AUTOPSY? 206. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? rial-transit per has NO YES [NO [shor 71g. ACCIDENT WAS UNDERLYING 71b. TIME OF INJURY 214. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18, PART 1 OR PART 2) 00 HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH and Mental MEDICAL LIF EITHER, NOTIFY MEDICAL EXAMINER: P.M 211 LOCATION 10 71d. INJURY OCCURRED 21¢ PLACE OF INJURY CITY OF TOWN COUNTY [AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.) STATE NOT WHILE morked 22a.1 certify that (1) (this haspital) attempted the degeosed from 19 0 saw the deceased alive an and that in (my) (our) opinion death accurred on the date and hour and from the causes stated above, (1) (we) (did) (did not) view the body after death 226. SIGNIATURE DEGREE 22c DATE SIGNED * ATTENDING MEDICAL DIRECTOR PHYSICIAN P PHYSICIAN | MPORTANT: 226 PHYSICIAN'S NAME OF PRINT 22e ADDRESS should be 136. DATE 23¢ NAME OF CEMETERY OR CREMATIONY 23d. LOCATION 23a. BURIAL, CREMATION, REMOVAL (SPECIEV) ALLEY URIAL 24 FUNERAL DIRECTOR 250. DATE REC'D. BY REGISTRAR 256. REGISTRAR DHMH-16 60M 1/73 (VR A 15 (4))



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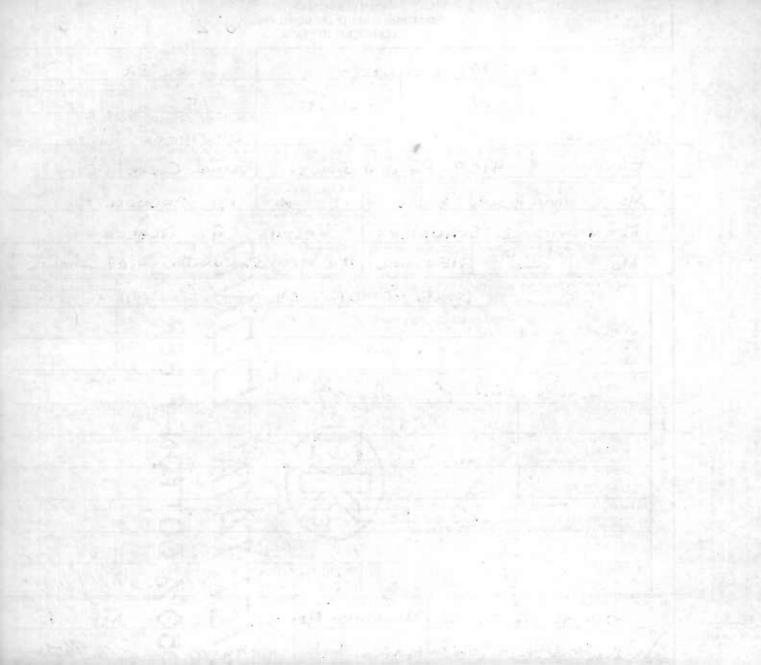
STATE OF MARYLAND
DEPARTMENT OF HEALTH AND MENTAL HYGIENE



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g physici g physici radi-transi antal Hygi fem 18 sh		21a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEA (IF EITHER, NOTIFY MEDICAL EXAMINER)		DAY YEAR 19	RRED (ENTER NATURE OF INJU	RY IN ITEM 18, PART 1 OR PART 2}	
offendin ter this c is the bur h and Me irked ar F	MEDICAL	216 INJURY OCCURRED WHILE NOT WHILE AT WORK	21e. PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFIC	E, FARM, ETC.) 211. LOCATION STREET	CITY OR TO	WN COUNTY	STATE
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HOSPITAL Sined by the FUNERAL build be det the the State PORTANT:		220. PHYSICIAN'S NAME	HY	PHYSICIAN PHYSICIAN	FT. SMALL	IAN D	BAPER
PP		BURIAL CREMATION, REMOVAL	23b. DATE 23b. CATE 23c	NAME OF CEMETERY OF CREMATORY	LIAL CITY OF TOWN	LTO. ND.	SATE
AH - 16 60M 7/73	1	MERAL DIRECTOR	ADDRESS	25e. DA	ATE REC'D. BY REGISTRAR	25b. REGISTRAR'S.SIGNATI	URE

STATE OF MARYLAND



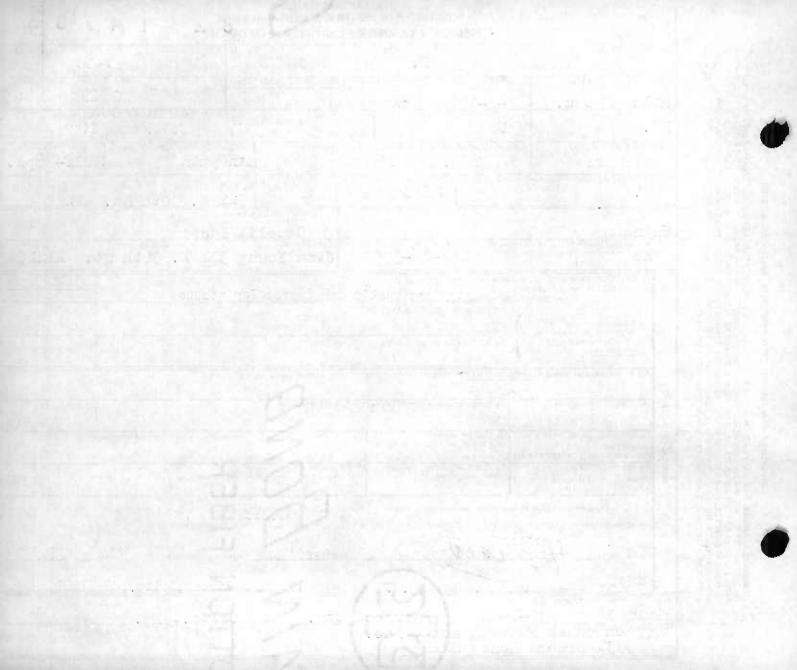
	SALTIMORE, MARYLAND 21201	ote be executed within 24 hours offer death. Page 4 mi	scan and completely filled in by the Lowest director poets. Pages, I and 2 should be fill director. 72 hours after oil.
RP	DIVISION OF VITAL RECORDS, 201 W. PRESTON ST.		TO FUNERAL DIRECTOR: After this certificate has been signed by the ottending physician said completely filled in by the Lensol should be detached for use as the buriol-transit permit. Then please remove carbonpapers — Taylor and Thaulit In Historian with the State Dept. of Health and Mental Hygiene prior to buriol, cremation, ar remayal.

		FOR Item 4 Per	Phone cn	STATE OF MARTLAND		
/	1	STATE REGISTRAR 7-1-82	DEPARTI	MENT OF HEALTH AND MENTAL HY CERTIFICATE OF DEATH	0 4	14784
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er o	3. SE	×	White	5. DATE OF BIRTH MONTH DAY YEAR	6 AGE (IN YEARS LAST BIR	THDAY) IF UNDER TYEAR IN INDER THREE MONTHS DATS HOURS MIN.
11	79/8	PTHPLACE IN ASE OR FOREIGN	76. CITIZEN OF WHAT COUNTRY?	10-4-53	9 BANDMORE CITY O	YRS PR COUNTY OF DEATH
197	L	NEWYORK	4-5-X	MARRIED NEVER MARRIED WIDOWED DIVORCED	Poster	Worke City MO
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1/20	USU Usu	ALRESIDENCE IF HURSHIS HOUSE	ROTHER INSTITUTION GIVE REPORTED TOWN	ADMISSION) N 13d INSIDE CITY LIMITS?	13e STREET ADDRESS	
0/	14 F.	THER'S NAME	selaer Schodad	YES X NO 1	Box 285-	RD #1 Nassau
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nlory.	N N	PART 2 OTHER SIGNIFICANT	CONDITIONS <u>CONTRIBUTING TO I</u>	DEATH BUT NOT RELATED TO THE TER	MINAL DISEASE OR CON	DITION GIVEN IN PART 110
à G	CERTIFICATION	190 DATE OF OPE	196 CONDITION FOR WHICH	OPERATION WAS PERFORMED	200 AUTOPSY?	206 IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH?
Show	RTIF	21g ACCIDENT WAS UND TO	THE OF BLUOW		YES NO	YES NO
8 4		OR CONTRIBUTING CONTRIBUTING	216. TIME OF INJURY HOUR A.M. MONTH DA		RRED (ENTER NATURE OF INJU	RY IN ITEM 18 PART I OR PART 2)
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is		276.1 certify that (I) (this hosp	ital) attached the deceased from		, to 0/2	. 19 that (i) (we) lost
em 2		226 SIGN Was I did did po	view body after death.	DEGREE	death occurred on the de	ote and hour and from the couses yated
##		WOULGEPLAN	PIL	ATTENDING PHYSICIAN	MEDICAL STAI	6/23/82
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		urial, cremation, l emoval B urial		NAME OF CEMETERY OR CREMATORY New Sacred Hear	23d LOCATION CITY OF TOWN	NOW YORK STATE
/81		INERAL DIRECTOR				25b RESTRAR'S SIGNATURE
)	Wi	lliam E. Joh	nson 8521 Lock	Raven Blvd.	JUN 25 1982	Many Jan Bother

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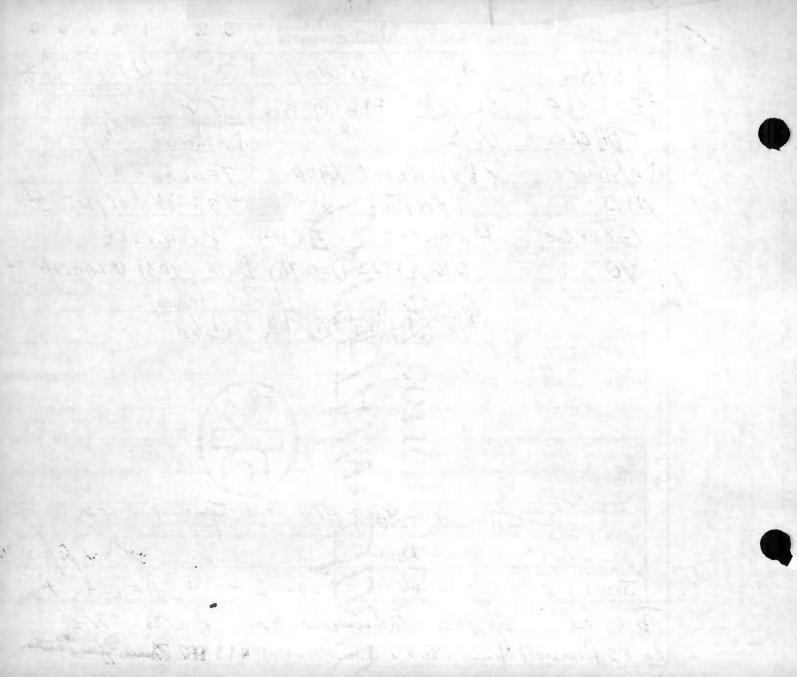
DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE MEDICAL EXAMINER'S CERTIFICATE OF DEATH REGISTRAR TO DATE KNOWN FIRST DECEASED NAME 7b HOUR **JAMES** OF ESTI-E. CONRAD DEATH MATED 82 4 RACE - SEX 5 DATE OF BIRTH 6. AGE (IN YEARS | IF UNDER 1 YR. IF UNDER 24 HRS 20. DATE LAST BIRTHDAY) PRONOUNCED 5-8-1918 DEAD Can 64 Th. CITIZEN OF WHAT COUNTRY 9. BALTIMORE CITY OR COUNTY OF DEATH RTHPLACE (STATE OR MARRIED NEVER MARRIED X Ma EIGH COUNTRY) USA Baltimore WIDOWED [DIVORCED 10 CITY OR TOWN OF DEATH 120 USUAL OCCUPATION (TYPE OF WORK 11. NAME OF HOSPITAL, NURSING HOME, OR OTHER INSTITUTION 176 KIND OF BUSINESS ET. 30th Street Han dyman Baltimore SUAL RESIDENCE (IF IN NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) 13d. INSIDE CITY LIMITS? 13e. STREET ADDRESS 136 COUNTY Baltimore YES X 30th St. NO [] 14. FATHER'S NAME 15 MOTHER'S MAIDEN NAME MIDDLE MIDDLE Unknown Cecelia Lang 17. INFORMANT 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SECURITY NO John Young 511 E. 30th St. APPROXIMATE INTERVA 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) BETWEEN ONSET AND DEATH PART I DEATH WAS CAUSED BY IMMEDIATE CAUSE (a) Arteriosclerotic cardiovascular disease DUE TO, OR AS A CONSEQUENCE OF al Canditions, if any, which gave rise to immediate cause (a) stating the under-DUE TO, OR AS A CONSEQUENCE OF lying cause last. PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (0) 190 DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED? 20 AUTOPSY? TO MEDICAL EXAMINER: THIS CENTER THE WORD PAGE 4 SHOULD BE FORWARDED TO THE CHIE TO FUNERAL DIRECTOR: PAGE 3 SHOULD BE USE AFIE DEATH, WITH THE STATE DEPARTMENT OF BATTWORK MARYLAND, 21201 PRIOR TO BUBBLIAND. YES 🔲 71a EXTERNAL CAUSE WAS 216. TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) HOUR A.M. MONTH DAY YEAR UNDERLYING OR CONTRIBUTING CAUSE OF DEATH 21d INJURY OCCURRED 21e PLACE OF INJURY 21 LOCATION STREET, FACTORY FARM FTC 1 CITY OF TOWN COUNTY WHILE AT WORK InspectionXX 220 I certify that I took charge of the remains described obove, held on Autopsy and in my apinian Natural causes XX Hamicide . Undetermined manner death resulted fram: Accident TITLE (SPECIFY) ACTUAL 6/30/82 Assistant MEDICAL EXAMINER SIGNATURE. EXAMINER'S NAME Penn Street Balto .. MD 21201 (TYPE OR PRINT) Hormez R. Guard M.D. 23d LOCATION 230 BURIAL, CREMATION, REMOVAL 236, DATE 13t. NAME OF CEMETERY OR CREMATORY Burial Parkwood Cem. Balto. Md. 14 FUNERS Chimunek Funeral Home, Inc. 250. DATE REC'D. BY REGISTRAR **DHMH - 17** 3331 Brehms Lane 21213 (VR A15 ME (5)) 20M 4/B2

STATE OF MARYLAND



10	1.	FOR STATE REGISTRAR	DEPARTMENT OF HEALTH AND MENTAL HYD	GIENE 8 2 REG. NO.	4 / 8 6
, pe		CEASED NAME FIRST	T. CSNWAI	JUR 9	1982 1139
ge 4 mo	1	EMALE!	BLACK FINAL DAY 1506	6 AGE (IN YEARS LAST BIRTHDAY) / YRS.	MONTHS DAYS HOURS MIN
deoth. Po	Ta G	RTHPLACE MATE CAMPTEGN 76	CITIZEN OF WHAT COUNTRY? 8 MARRIED WEVER MARRIED WIDOWED DIVORCED	BA A WARE	OF DEATH MD.
201 ors ofter o	100	ANGE E	NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION (IFFOT) SUP FACILITY, GIVE STREET ADDRESS) ACCORD	12g USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKING LIFE	126 KIND OF BUSINESS OR INDUSTRY
AND 21:	134	MA IS COUNTY	PA-10. YES X NO	130 STREET ADDRESS W. DO	alphin st.
markyl, markyl ompletel		GEORGE MIDI	PRANCIS ERVA	Pergner	el LAST
be execution on ond control on one of the one of t	16a V	VAS DECEASED EVER IN U.S. ARME (ES, NO OR JUKNOWN) (IF YES, GIVE WA		Dule 1,031	W. LANUALE ST
ST., BAL errificate g physici on poper removal.		PART I: DEATH WAS CAUSED II	The La Karlal triling How	tic tribure	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
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TAL RECC	CERTIFICATION	196 DATE OF OPERATION	196 CONDITION FOR WHICH OPERATION WAS PERFORMED	YES NO YES	S, WERE FINDINGS USED YING CAUSES OF DEATH? S NO
> Z 2 0 0 1 8		210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	HOUR A.M. MONTH DAY YEAR P.M. 19	RED (ENTER NATURE OF INJURY IN ITEM 18, P)	ART I OR PART 2)
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ATTENDI or significant of the color of the c		22a. I certify that (1) (this haspital) sow the deceased alive on above. (1) (we) (did) (did not) v	ew the body ofter death.	death occurred on the date and hou	
yy the howy the how you have how detached detached to the Dept.		THE SIGNATURE OF	DEGREE ATTENDING PHYSICIAN (MEDICAL STAFF DIRECTOR PHYSICIAN	(1/9/82)
TO HOSPITA etained by TO FUNER should be d with the Sto			1200 King M.D. 2600-L	iberty HE	ghts Are
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DHMH - 16 50M 1/76 (VR A 15 (4))	Z/	NAMES Penerall	Home 130847. Central are 1	te rec'd, by registrar 256, registi UN 11 1982	and house,

STATE OF MARYLAND



IMPORTANT: If them 21 is morked at them 18 shows any injury, at other traumatic event, the medica

DHMH - 16 50M 1/81 (VRA 15, 4) FOR

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

2 147

1.	REGISTRAR				CERTIF	ICATE OF DEATH	REC	6. NO.	7 /	0 /
	CEASED NAME	FIRST	٨	AIDDLE	ı	AST	20 DATE OF DEAT	H MONTH	DAY YEAR	26 HOUR
,	BEVE	RLY		T.	CON	YER	06.	- 05-	82	8 10 AM
3 SE	F		RACE	3	5 DATE C	DAY CAR	6. AGE (IN YEARS LAS	YRS	IF UNDER 1 YEAR	IF UNDER 24 HRS HOURS MIN.
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No	Be 17 ima	u o	CIF NOT IN SUCI	Luthera	ADDRESS)	PROTHER INSTITUTION	170 USUAL OCCUP	OST OF WORKING		OF BUSINESS OR
130 3	mal	135 COUNT	Timper	13c. CITY OR TOV	RE ADMISSION)	13d INSIDE CITY LIMITS? YES NO		Druid	Hill !	Pre .
14. FA	Oal ber	†	IDDLE	Cony	64	15. MOTHER'S MAIDEN NAI	MIDDI E.		Full	er
	VAS DECEASED EVER		ED FORCES? WAR OR DATES)	2165 24		Mary Con	4er 531	DRESS 3 Nel	Ison	Ave.
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	SPECIFY)		1.00%				CITY OR TOWI	N	COUNTY	STATE
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		FOR	G569 7/8	/82 ph			ARYLAND I AND MENTAL	HYGIENE	0 1	A	,	Q	Ω
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S.S.S.S.	2 (5)		Doro				ook	Di	ATH MATED	□ 6	[8 ₁₉	82 YEAR	A
*		Female	White	June 17,4		YRS.	DER 1 YR. IF UND	MIN. PRO	DATE NOUNCED DEAD	6	18 19	, 82	4 H4U5
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E MD.	14. F	Joseph	E	MIDDLE	Tourneau		15. MOTHER'S MAI	DEN NAME	MIDDLE		N/A	4	
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BOUSSION OF VITAL RECORDS, 201 W. PRESTON SI S CERTIFICATE SHOULD BE EXECUTED WITHIN 24 HO RITING THE WORD "FENDING" IN PENCIL IN ITEM. RDED TO THE CHIEF MEDICAL EXAMINER ALONG RES SHOULD BE USED AS A BURIAL. TRANSIT PREM E DEPARTMENT OF HEATH AND MENTAL HYGIENE OID PRICK TO BURIAL, CREMATION, OR REMOVAL.	CERTIFICATION	19a DATE OI	FOPERATION	196 CONDITIO	ON FOR WHICH OPE	RATION W	AS PERFORMED?					TOPSY?	по П
NOF VI	AL CERT	LINIDEBLVINI	AL CAUSE WAS	216 TIME OF II HOUR A.M. 3: 30 _{P.M.}	NJURY MONTH DAY YEA 6 18 19 8		ruck by p				RT 2)		1,0 [
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EXAMIN CERTIFIC ULD BE DIRECT WARYD		death result	red fram:	O STU O	Acidem X	ivicide	, Hamicide TITLE (SPECIFY)	Undetermin	ed manner .	DATE			
TO MEDICAL EXAMINER: THIS CE EXECUTE THE CERTIFICATE, WRITH PAGE 4 SHOULD BE FORWARDE TO FUNERAL DIRECTOR, PAGE 3 AFTER DEATH, WITH THE STATE DE BATTIMORE, MARYDAND, 21201F		SIGNATURE EXAMINER'S	NAME T	homas D. Sr	mith, M.D.		.D. Deputy		examiner ., Balto	SIGNE		19/	82
A PER	1	(TYPE OR PR	NT)		·		ADDRESS			· piriu ·	2120	1	
BP	{:	Buria		23 June 82	Holy Tr		Cemetery	Elkri	WN	Howa	rd	MÖ)**
DHMH - 17 (VR A15 ME (5))	24 F	James		ley, Glen B	urnie, MD		JU	N219	32 Prince	to V	1/1/2	The	U

STATE OF MARYLAND

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STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

12:10_M

26 HOURDM

28 82

IF UNDER I YEAR

9 BALTIMORE CITY OR COUNTY OF DEATH

Baltimore City

REG. NO

12b. KIND OF BUSINESS OR

(TYPE OF WORK FOR MOST OF WORKING LIFE)

Seaton

Institute 5634 Oakyland Road 21227

Thompson

21227

IFYES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? YES 7

COUNTY STATE

and that in (my) (par) apinion death accurred on the date and hour and from the causes stated

22c. DATE SIGNED

Baltimore Maryland 250. DATE REC'D. BY REGISTRAR 256 REGISTRAR'S SIGNATURE

Hubbard Funeral Home, Inc. 4107 Wilkens Ave.

DHMH - 16 50M 1/B1 (VRA 15, 4)

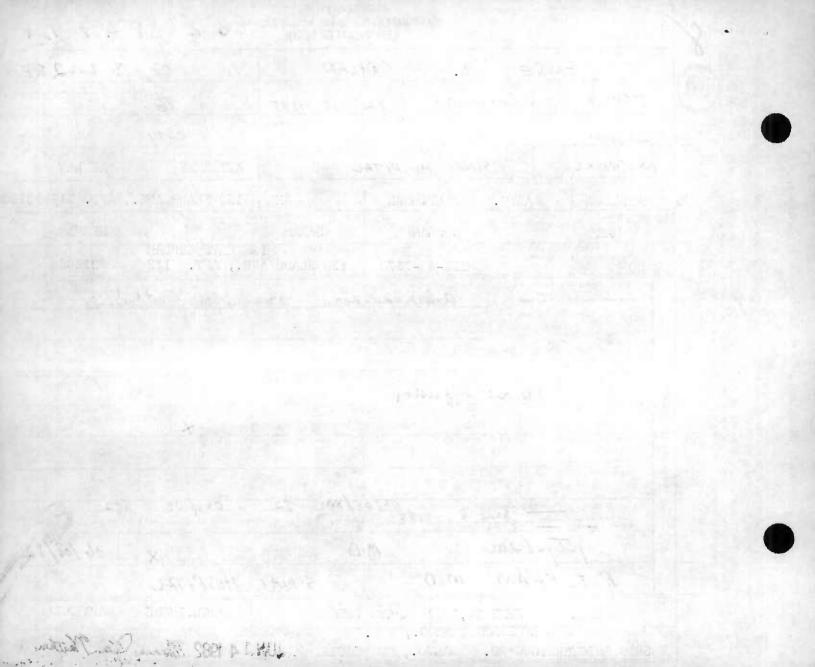
24 FUNERAL DIRECTOR

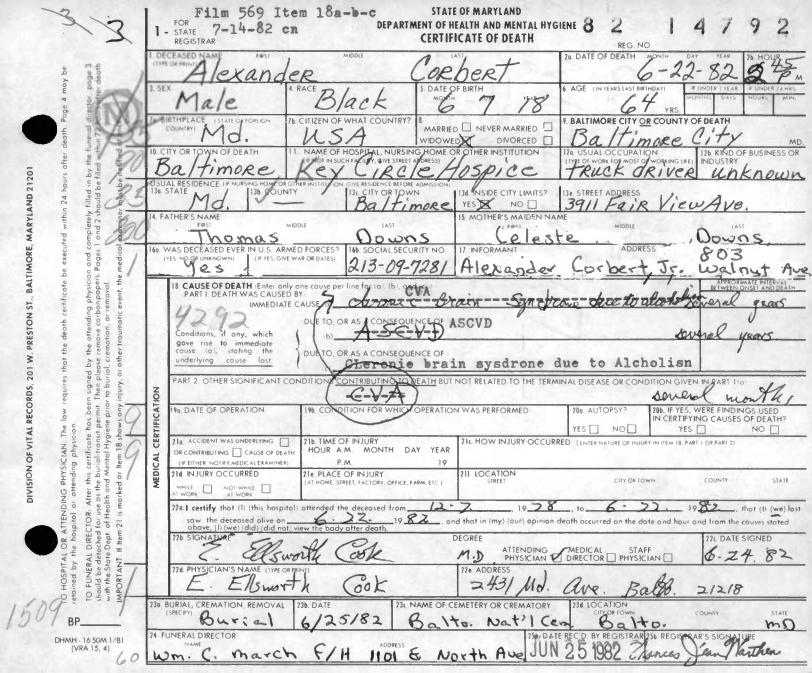
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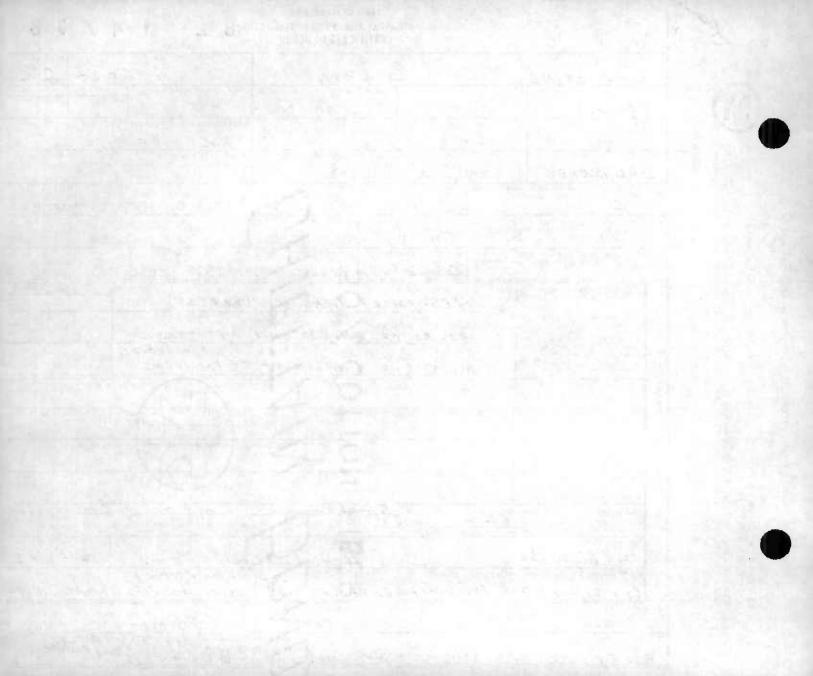
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by the	1	BALTIMORE	(IF NOT IN SU	CH FACILITY, GIVE			MON	12a USUAL OCCUPATION [TYPE OF WORK FOR MOST OF WORKING LIFE)	126 KIND OF BUSINESS OR INDUSTRY
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MARYL red within ompletely ond 2 si		Thomas	H.	Cork	oin	L.	ydia	MIDDLE	oke
MORE, e execute on ond co	16a V	VAS DECEASED EVER IN U.S. AR	MED FORCES?	166 SOCIAL	SECURITY NO.	17 INFORMAN		ADDRESS	
BALTIMORE.		es, no or unknown) IIF YES, GIVE		218-1	L2-0683	Evely	n Luc	as 2528 Druid	
BALI cate ysicio opers vol		18 CAUSE OF DEATH Enter on PART I. DEATH WAS CAUSE	ly one couse pe					(APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
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	STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE & CERTIFICATE OF DEATH	2	1	4	7	9	6
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DEPARTMENT OF HEALTH AND MENTAL HYGIENE SA

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220 SIGNATURE ATTENDING MEDICAL STAFF GORPHINI) Dr. A.F. Nazemi MX M.D. DEGREE ATTENDING MEDICAL STAFF GORPHINI) 220 ADDRESS CHURCH HOSPITAL CORPORATION 100 N BROADWAY BALTIMORE, MARYLAND 21231 230 BURIAL, CREMATION, REMOVAL [23b DATE] 230 BURIAL, CREMATION, REMOVAL [23b DATE] 231 NAME OF CEMETERY OF CREMATORY [23d LOCATION] 231 NAME OF CEMETERY OF CREMATORY [23d LOCATION]		sow the decrosed alive on	-06-29-19-	82 , and that in (my) (or) opini	on death occurred on the d	ate and hour and from th	e causes stated
ATTENDING MEDICAL STAFF PHYSICIAN DIRECTOR PHYSICIA			Tri view the body after death	DEGREE		774 DAT	ESIGNED
Dr. A.F. Nazemi MX M.D. 220 PHYSICIAN'S NAME (TYPE OR PRINT) Dr. A.F. Nazemi MX M.D. 220 ADDRESS CHURCH HOSPITAL CORPORATION 100 N BROADWAY BALTIMORE, MARYLAND 21231 230 BURIAL, CREMATION, REMOVAL 1236 DATE 1230 NAME OF CEMETERY OR CREMATORY 1236 LOCATION 1230 BURIAL, CREMATION, REMOVAL 1236 DATE		A C.	NASami	M ATTENDING		FF /	2010
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Burial //2/82 holy nedeemer baltimore Md.	23a. 8	Dr. A.F. Nazem	23b DATE 23c	100 N. BRO	ADWAY BALTIMO	ORF, MARYLAND	21231
24 FUNSCONTINUANE FUNERAL Home. Inc. 250 DATE RECID. BY REGISTRAN DEGISTRAN DE CONTRACTOR DE CONTR	23a. 8	Dr. A.F. Nazem	23b DATE 23c	100 N. BRO	ADWAY BALTIMO	ORF, MARYLAND	
3331 Brehms Lane, Balto. Md. 21213 JUL 2 1982 Frances	23a. 80	Dr. A.F. Nazem URIAL, CREMATION, REMOVAL SPECIFY, Burial	7/2/82 H	100 N. BROWN NAME OF CEMETERY OF CREMATOR COLY Redeemer	ADWAY BALTIMO PATE REC'D. BY REGISTRAR	MOTE COUNTY	21231 5 Md.

DHMH - 16 50M 1/B1 (VRA 15, 4)

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STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE CERTIFICATE OF DEATH REGISTRAR REG. NO DECEASED NAME MIDDLE LAST 2a. DATE OF DEATH MONTH 26 HOUR (TYPE OR PRINT) JOHN COTTER June Raymond 2000 18 82 4 RACE 6. AGE (IN YEARS LAST BIRTHDAY) 3.SEX 5. DATE OF BIRTH IF UNDER I YEAR Male White 1926 July 55 O. BIRTHPLACE ISTATE OR FOREIGN 76 CITIZEN OF WHAT COUNTRY? BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED Chilie U.S.A. BALTIMORE CITY WIDOWED DIVORCED [IN CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION 12a USUAL OCCUPATION 12b. KIND OF BUSINESS OR INDUSTRY Md (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS) Personel Officer Baltimore JOHNS HOPKINS HOSPITAL PHE W. PRESTON ST., BALTIMORE, MARYLAND 2120 USUAL RESIDENCE (IF NURSING HOMEOR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION)
130. STATE
130. CITY OR TOWN 13c. CITY OR TOWN 13. STREET ADDRESS 1547 Eton Way 13d INSIDE CITY LIMITS? Crofton Marvland A.A. NOIX 4. FATHER'S NAME 15 MOTHER'S MAIDEN NAME MIDDLE MIDDLE John Cotter, Sr. Howd R. Zora ADDRESS WAS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SECURITY NO. 17. INFORMANT Wife Same as (IF YES, GIVE WAR OR DATES) 087.32.5878 Joan (Thomas) 13 Cotter Yes APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c) PART I, DEATH WAS CAUSED BY IMMEDIATE CAUSE (o) DUE TO, OR AS A CONSEQUENCE QU Conditions, if any, which gove rise to immediate cause (a), stoting the DUE TO, OR AS A CONSEQUENCE OF underlying cause PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a) CERTIFICATION 000 19a. DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED 20b. IF YES, WERE FINDINGS USED 20a AUTOPSY? IN CERTIFYING CAUSES OF DEATH? YES [710. ACCIDENT WAS UNDERLYING 216. TIME OF INJURY 216 HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) 00 HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH (IF EITHER NOTIFY MEDICAL EXAMINER) P.M. 19 21d. INJURY OCCURRED 21e PLACE OF INJURY 211 LOCATION AT HOME, STREET, FACTORY, OFFICE FARM ETC) CITY OR TOWN COUNTY STATE 220.1 certify that (1) (this hospital) attended the deceased from and that in (my) (our) opinion death occurred on the date and haur and from the causes stated saw the deceased alive anabove, (1) (we) (did) (did not) view the body after-death 22b. SIGNATURE DEGREE 271 DATE SIGNED ATTENDING MEDICAL STAFF FUNERAL PHYSICIAN DIRECTOR PHYSICIAN MPORTANT. 224 PHYSICIAN'S NAME INTECTIONS 77e ADDRESS ld b 231, NAME OF CEMETERY OR CREMATORY 23a, BURIAL, CREMATION, REMOVAL 23d LOCATION 23b. DATE (SPEE'ntombment STATE Jun 22,82 Kensico Cemetery BP. Valhalla NY24. FUNERAL DIRECTOR 250. DATE REC'D. BY REGISTRAR 256. REGISTRAR'S SIGNATURE DHMH-16 30M 2/80 (VRA 15, 4) Singleton Funeral Home, Glen Burnie, MD

n and completely filled in by the funeral director page 3 Pages 1 and 2 should be filed within 72 hour

TO FUNERAL DIRECTOR: After this certificate has been signed by the ottending physician should be detached for use as the burial-transit permit. Then please remove carbon papers. P with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

	1.	FOR - STATE		DEPARTM	ENT OF H	OF MARYLAI	ENTAL HYG	SIENE 8 2		4 7	9	9
	I. DE	REGISTRAR CEASED NAME FIRST	MIDDLE			ICATE OF DI	ATH	REG. NO). MONTH DAY	YEAR	2b HOU	ID.
1	(TYPE	E OR PRINT)	Mildre	ds.	IOV	EN			6 20	82	120	1.
9	3 SE	×	4 RACE		5. DATE C	DAY	YEAR 08	6 AGE (IN YEARS LAST BIRTI		UNDER I YEAR	IF UNDER	24 HRS MIN.
-6		IRTHPLACE (STATE OR FOREIGN	76. CITIZEN OF WHAT	COUNTRY?	8 MARRIE	D NEVER M.		9 BALTIMORE CITY OF		FDEATH		
X		Mass.	U.S.		WIDOWE	DO DIV	ORCED [Balto. C				MD.
10		ITY OR TOWN OF DEATH Balto.	11. NAME OF HOSPI (IF NOT IN SUCH FACIL St. Agne	S Hosp	DDRESS)	PR OTHER INSTI	TUTION	176 USUAL OCCUPATION (TYPE OF WORK FOR MOST OF Stenographe	WORKING LIFE)	IZE KIND C INDUSTRY Elect		
3	130 3	AL RESIDENCE (IF NURSING HOME OF STATE 136 COUP Md.		ITY OR TOWN			NO 🗌	130. STREET ADDRESS 301 McMe	chen S	t.		Y
DC	S	ATHER'S NAME FIRST IMON		coven		15. MOTHER'S	RST	WIDDIE		lverma		
1		VAS DECEASED EVER IN U.S. AR YES NO OR UNKNOWN) (1F YES. GIV	VE WAR OR DATES)	017-01-		Mr. Ha		Coven 3411 Bal	old Fo	rrest	Road	1
		18 CAUSE OF DEATH (Enter or PART I. DEATH WAS CAUSE	nly one couse per line fo	or (0), (b), and	(C						IMÀTE INTER	
		Conditions, if ony, which gove rise to immediate couse (0), stating the underlying couse lost.	DUE TO, OR AS A	RAIN	STE	m 57	ROLLE	egeneration frame		181	4001	25
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	ON	HYPOTITYNOI										
2	CERTIFICATION	19a DATE OF OPERATION	196 CONDITION	FOR WHICH (OPERATIO	WAS PERFOR	MED	200 AUTOPSY?	20b. IF YES, V IN CERTIFYII YES	NG CAUSES	OF DEAT	H?
9	EDICAL CER		210. ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY OR CONTRIBUTING CAUSE OF DEATH OUR A.M. MONTH DAY YEAR (IF EITHER NOTIFY MEDICAL EXAMINER) P.M. 19		21c HOW INJI	URY OCCURR	RED (ENTER NATURE OF INJURY	IN ITEM 18 PART	I OR PART 2)			
	MEDI	21d INJURY OCCURRED WHILE AT WORK NOT WHILE AT								COUNTY	S1	TATE
		27a. F certify that (1) (this hospi sow the deceased alive on above, (1) (we) (did) (did no	6/20	19 8	6/19 2, on	d that in (my) (c	, 19 our) opinion o	deoth occurred on the dot	le and hour a		that (l) (w	
		27b. SIGNATURE	st.		(Ph	TENDING TYSICIAN	MEDICAL STAFF DIRECTOR PHYSICI		6/2	SIGNED	7
1		ANASTACI	O R. DE	CAS	TRO	ST A	TENES	HOSPIN	1	7	7-0	
3		BURIAL, CREMATION, REMOVAL (SPECIFY) Removal	23h. DATE 6/20/82	23¢ N.	AME OF CI	EMETERY OR CR	EMATORY	23d. LOCATION CITY OR TOWN		OUNTY	51	TATE

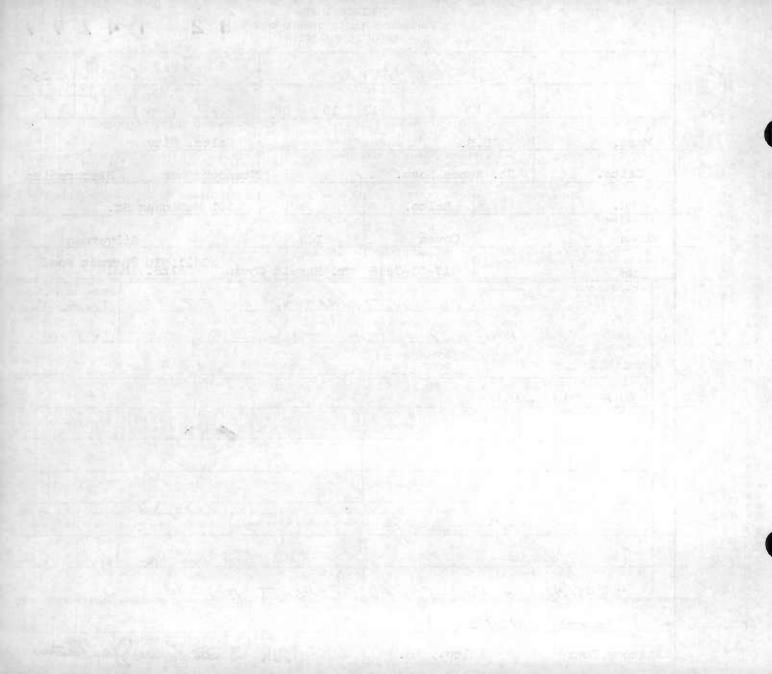
DHMH - 16 50M 1/81 (VRA 15, 4)

retained by the haspital or attending physician.

74 FUNERAL DIRECTOR
NAME
Anatomy Board

Balto., Md.

JUN 3 1982 Zances Jan Harthen



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4	+-	FOR STATE REGISTRAR	DEPAR	STATE OF MARYLAND RTMENT OF HEALTH AND MENTAL H CERTIFICATE OF DEATH	YGIENE 8 2	14801
		EASED NAME FIRST	iam A.	Cranford	June 4	1982 26. HOUR
3	SEX	ale	Negro	July 21, 191	6 AGE (IN YEARS LAST BIRTHDAY) 70	IF UNDER 1 YEAR IF UNDER 24 HRS MONTHS DAYS HOURS MIN.
		THPLACE (STATE OR FOREIGN	76 CITIZEN OF WHAT COUNTR	MARRIED NEVER MARRIED WIDOWED DIVORCED	Baltimore City or Co	UNTY OF DEATH
20		ltimore	11. NAME OF HOSPITAL, NUR. LIF NOT IN SUCH EACHITY, GIVE STR. 424 BOSEWOO	SING HOME OR OTHER INSTITUTION	128. USUAL OCCUPATION (TUPE OF WORK FOR MOST OF WORK	17b. KIND OF BUSINESS OR INDUSTRY
3	NE ME		NE OROTHER INSTITUTION, GIVE RESIDENCE BEI LE CITY OR TO BALTIE		13. STREET ADDRESS 424 Edgewood	d Street
		HER'S NAME .11im	MIDDLE Cranto	rd Mary First	MIDDLE	Diggs LAST
/		AS DECEASED EVER IN U.S. S. NO ORUNKNOWN)	COVE WAR OR DATEST		Corbin/424	Edgewood St.
, o		Conditions, if any, which gove rise to immediate couse (a), stating the underlying couse last	DUE TO, OR AS A CONSEC	1008renopy	RMINAL DISEASE OR CONDITION	N GIVEN IN PART I IO
9	CERTIFICATION	CEMUMA.	196 CONDITION FOR WHI	CHOPERATION WAS PERFORMED	200 AUTOPSY? 200.	IF YES, WERE FINDINGS USED PERTIFYING CAUSES OF DEATH? YES NO NO
		218. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF LIFE ETHER, NOTIFY MEDICAL EXAMI	FDEATH HOUR A.M. MONTH	DAY YEAR 19	URRED (ENTER NATURE OF INJURY IN ITE	M 18, PART 1 OR PART 2}
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		saw The deceased alive	ospital) atfended the deceased-from e on 4 19 d not) view the body after death.	A .	. MEDICAL _ STAFF	thou and from the couses stoted The DATE SIGNED
/		PHYSICIAN'S NAME (TO	MOORPRINT) JUSO	TO An 120 ADDRESS 40	W, BALTIMA	ORE HISTORY

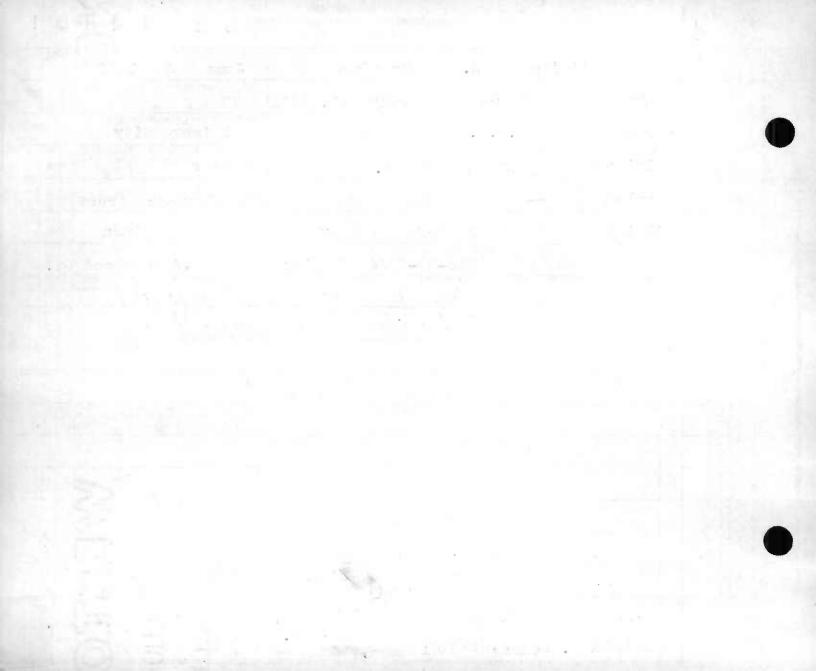
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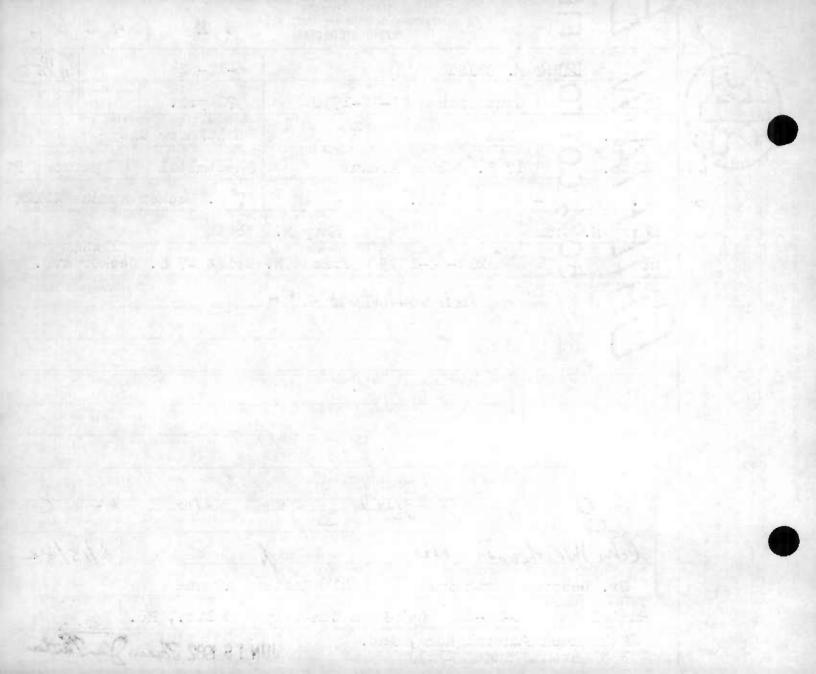
130 BURIAL, CREMATION, REMOVAL 130 DATE 130. BURIAL CREMATION, REMOVAL 130 DATE 6/8/82 C1 14 FUNERAL DIRECTOR Marshall W. Jones, Jr/4101

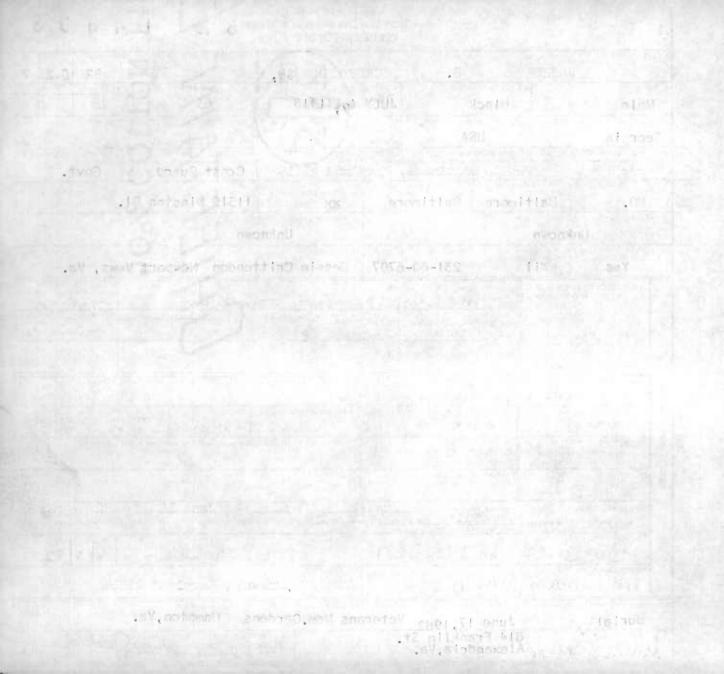
13 NAME OF CEMETERY OR CREMATORY Crownsville Vet. Edmondson Ave Date REC'D. By REGISTER BY REGISTER AND SIGNAY

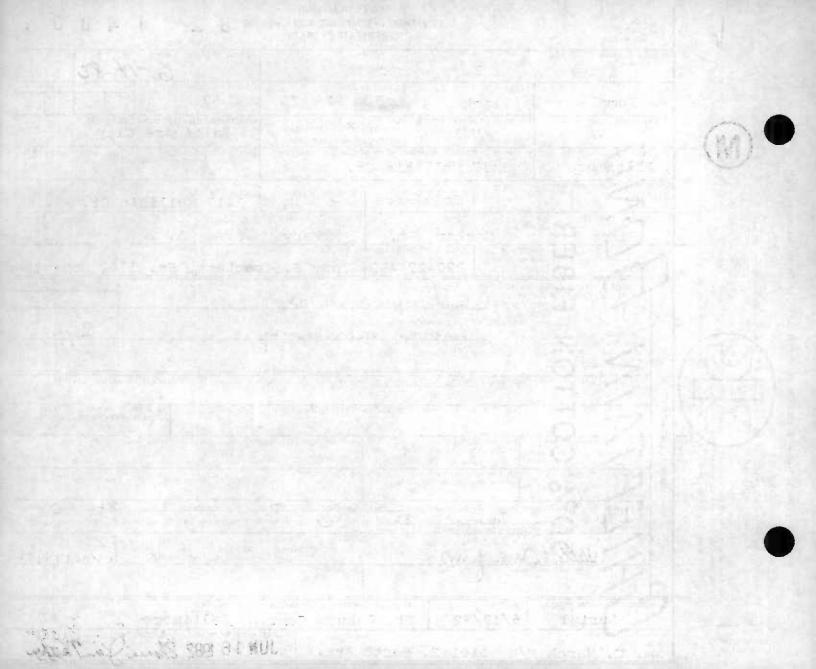
Crownsville

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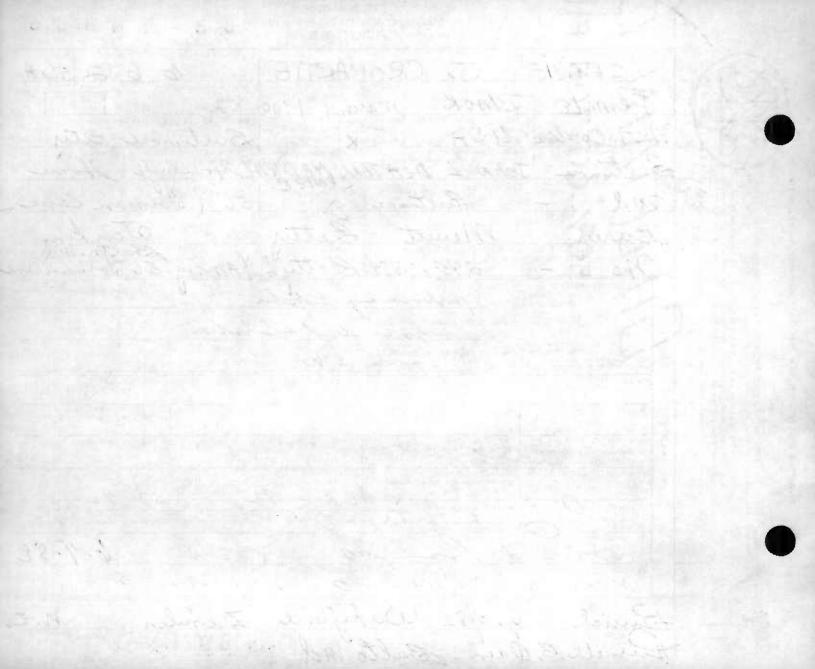






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	1	STATE OF MARYLAND
6	1.	FOR DEPARTMENT OF HEALTH AND MENTAL HYGIENE 8 2 1 4 8 0 6 REGISTRAR CERTIFICATE OF DEATH REG. NO.
		CEASED NAME FIRST MIDDLE 4 LAST 20 DATE OF DEATH MONTH DAY YEAR 26-HOLIR
5 G	(1179	CRAME TO CROMARTIE 10 682 5:00A.
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00 e 4		Female Black march 9, 1900 82 YRS MONTHS DAYS HOURS MIN
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1 how din dibe	USU 13a.	AL RESIDENCE 11 NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) TATE 136 COUNTY 137 OF OWN 136 INSIDE CITY LIMITS? 138 STREET ADDRESS P
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MARYI and with	14 F/	ATHER'S NAME MIDDLE MIDDLE MIDDLE MIDDLE MIDDLE
SRE, Indicate discole		VAS DECE ASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SECURITY NO. 17 INFORMANT ADDRESS
MORE or execute and configuration medical medi		18 JOR UNKNOWN V (IF YES, GIVE WAR OR DATES) 245-62-8542 Betty L. HANCH-56 JOHN COME
, BALT icate to hysicia papers aval. int, the		18 CAUSE OF DEATH (Enter only one cause per line for (a), the find its
T., nph		PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (a)
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9 4 5 5 4	3	gave rise to immediate cause (a), stating the DUETO, OR AS A CONSEQUENCE OF
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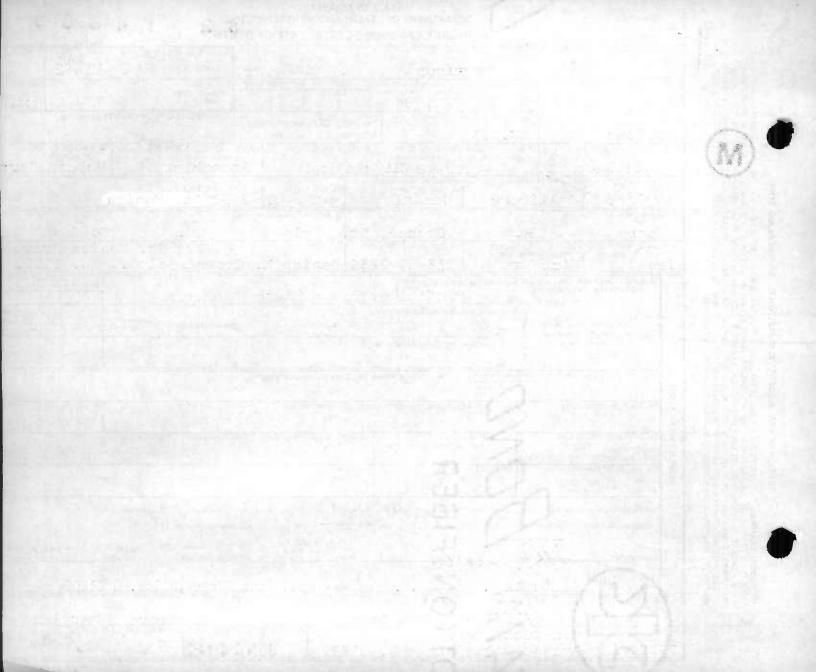
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(VRA 15, 4)

STATE OF MARYLAND
DEPARTMENT OF HEALTH AND MENTAL HYGIENE

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STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE STATE MEDICAL EXAMINER'S CERTIFICATE REGISTRAR DECEASED NAME KNOWNXX 2a. DATE (TYPE OR PRINT) ESTI-Merle Harrison Crouse, 1982 DEATH MATED 4 RACE 3 SEX 6 AGE (IN YEARS I IF UNDER TYR IF UNDER 24 HRS 2d HOUR DATE LAST BIRTHDAY) PRONOUNCED Male 48 34 YRS DEAD 1982 7:00F White 26 Th CITIZEN OF WHAT COUNTRY? BIRTHPLACE (STATE OR 9. BALTIMORE CITY OR COUNTY OF DEATH MARRIED X NEVER MARRIED Maryland U.S.A. WIDOWED DIVORCED ID CITY OR TOWN OF DEATH OR INDUSTRY Assembler Baltimore Baltimore City Hospital Vulcan Hart 13c. CITY OR TOWN 13d. INSIDE (11Y LIMITS? 13e. STREET ADDRESS Baltimore Dundalk 2951 Yorkway Maryland YES NO X 14 FATHER'S NAME 15 MOTHER'S MAIDEN NAME MIDDLE MIDDLE Coffman Merle Lola G. Crouse, Sr. 7934DDSt. Monica Drive 17. INFORMANT 160. WAS DECEASED EVER IN U.S. ARMED FORCES? 16h SOCIAL SECURITY NO. DIVISION 216-50-2856 Denise M. Crouse-Balto., MD. Yes Viet Nam APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH 18 CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) Arteriosclerotic cardiovascular disease DUE TO, OR AS A CONSEQUENCE OF Canditions, if any, which gave rise to immediate couse (o) stoting the under-DUE TO, OR AS A CONSEQUENCE OF lying cause last. PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 100 19a DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED? 20. AUTOPSY? YES X NO [210 EXTERNAL CAUSE WAS 216. TIME OF INJURY 21c HOW INJURY OCCURRED LENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2 HOUR A.M. MONTH DAY YEAR UNDERLYING OR MEDICAL CONTRIBUTING CAUSE OF DEATH 21e PLACE OF INJURY 211 LOCATION AT WORK AT WHILE STREET, EACTORY, EARM, ETC.1 CITY OF YOWN COUNTY STATE PAGE 4 SHOULD BE FORW TO FUNERAL DIRECTOR: PA AFTER DEATH, WITH THE STABALTIMORE, MARYLAND, 2 27a. I certify that I took charge of the remains described above, held an Autopsy Inspection and in my opinion death resulted fram: Undetermined monner Notural causes TITLE (SPECIFY) ACTUAL Assistant 6/13/82 SIGNATURE EXAMINER'S NAME Hormez R. Guard, M.D. 111 Penn Street Balto MD 21201 23a BURIAL, CREMATION, REMOVAL 23b. DATE 23c. NAME OF CEMETERY OR CREMATORY 23d LOCATION 6/15/1982 Oak Lawn Maryland Burial 24 FUNERAL DIRECTOR Duda-Ruck, ADD Inc. 250. DATE REC'D. BY REGISTRAR 25b. REGISTRAR'S SIGNATUR **DHMH - 17** Dundalk, MD. 21222 (VR A15 ME (5)) 7922 Wise Avenue 20M 4/B2



Dundalk, MD.

STATE OF MARYLAND

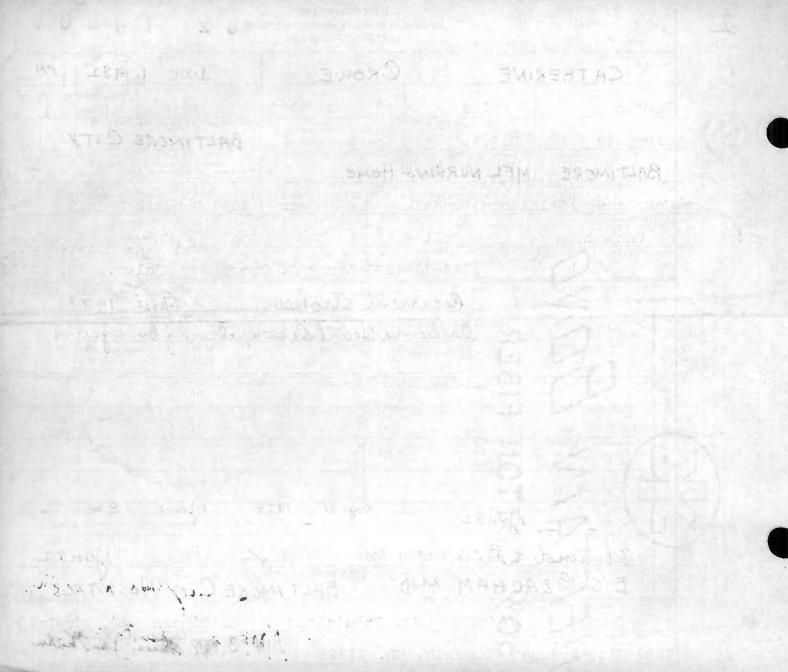
DEPARTMENT OF HEALTH AND MENTAL HYGIENE &

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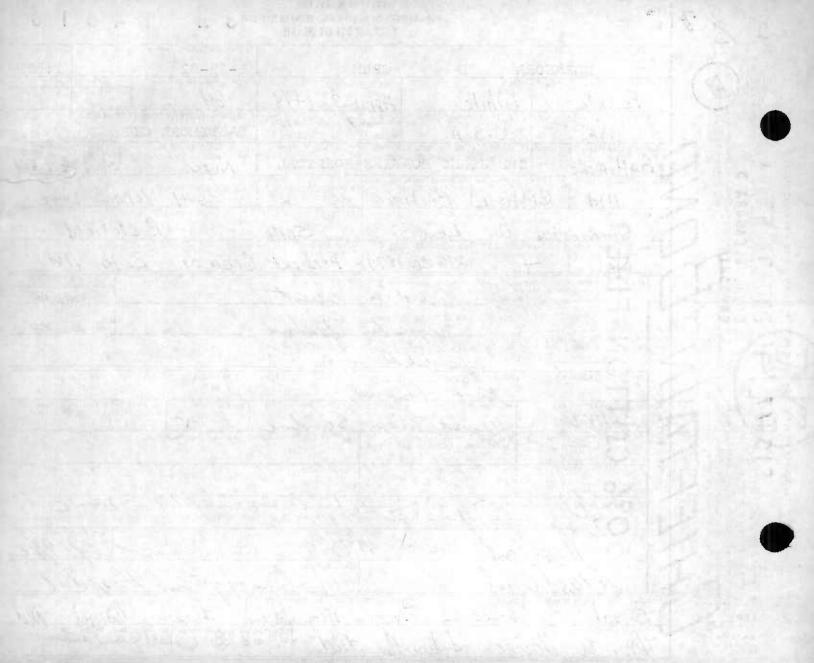
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(VRA 15, 4)

7922 Wise Avenue



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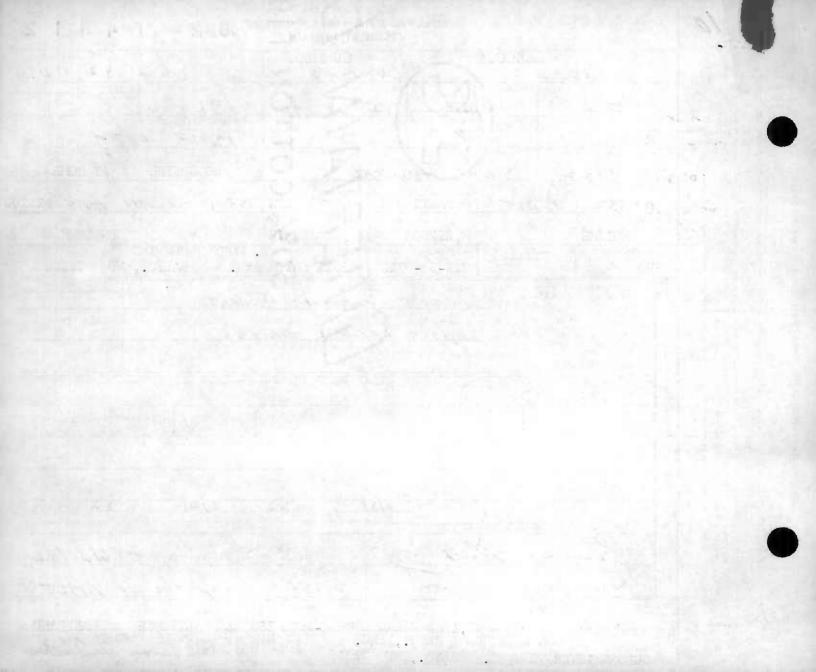
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	23a B	BURIAL, CREMATION, REMOVAL	236. DATE	23c N	AME OF C	EMETERY OR CREMATORY	23d LOCATION		COUNTY		ATE
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Hubbard Funeral Home, Inc. 4107 Wilkens Ave.

FOR

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DHMH - 16 50M 1/81 (VRA 15, 4) STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

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(VRA 15, 4)

STATE OF MARYLAND
DEPARTMENT OF HEALTH AND MENTAL HYGIENE

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2	CERTIFICATION	19a date of operation	19b CONDIT	TION FOR WHICH	on for which operation was performed			20b. IF YES, WIN CERTIFYING	G CAUSES O	S USED F DEATH?
9	MEDICAL CER	210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DI (IF EITHER, NOTIFY MEDICAL EXAMINI 21d. INJURY OCCURRED	HOUR A.A	A. MONTH DA	MONTH DAY YEAR		NJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18.			
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DHMH - 16 50M 1/81 (VRA 15, 4)

Burgee Funeral Home 3631 Falls Read 21211

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WALTER BROOKS BRADLEY, INC, DUNDALK, MD. 21222

FOR

REGISTRAR

- STATE

(VRA 15. 4)

STATE OF MARYLAND

CERTIFICATE OF DEATH

DEPARTMENT OF HEALTH AND MENTAL HYGIENE 🗟

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE MEDICAL EXAMINER'S CERTIFICATE OF DEATH REGISTRAR REG NO 1. DECEASED NAME 20 DATE KNOWN IX (TYPE OR PRINT) WASHINGTON DEATH MATED LOUISE 82 6 19 4 RACE DATE OF BIRTH IF UNDER 24 HRS DATE LAST BIRTHDAY PRONOUNCED 25 9 56 DEAD Female Black 19 82 Th. CITIZEN OF WHAT COUNTRY? To BIRTHPLACE I BALTIMORE CITY OR COUNTY OF DEATH MARRIED - NEVER MARRIED FOREIGN COUNTRY USA MD DIVORCED Baltimore City D. CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL NURSING HOME, OR OTHER INSTITUTION 12a USUAL OCCUPATION (TYPE OF WORK 126 KIND OF BUSINESS FOR MOST OF WORKING LIFE) OR INDUSTRY Sinai Hospital Raltimore 13a STATE 13e. STREET ADDRESS 13b COUNTY 134. INSIDE CITY LIMITS? MD Baltimore 3900 W. Coldspring Lane YESX 14. FATHER'S NAME 15. MOTHER'S MAIDEN NAME MIDDLE William Edna Deshields Hebron. Jr. Louise ALONG WITH FORM PSIT PERMIT, PAGES 1 A 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 17 INFORMANT 166 SOCIAL SECURITY NO. (YES, NO. OR UNKNOWN) (IF YES, GIVE WAR OR DATES) Edward R. Daniels 3900 W. Coldspri 217-22-1872 18 CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c).) PART I DEATH WAS CAUSED BY Hypertensive arteriosclerotic cardiovascular disease DUE TO, OR AS A CONSEQUENCE OF Conditions, if ony, which gove rise to immediate DUE TO. OR AS A CONSEQUENCE OF couse (o) stoting the underlying couse lost. PART 2 OTNER SIGNIFICANT CONDITIONS CONTRIBUTING TO GEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 in 190. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED? NT OF HE BURIAL, 20 AUTOPSY2 YES 🗍 NOLX 21g. EXTERNAL CAUSE WAS 21b. TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2 HOUR A.M. MONTH DAY YEAR UNDERLYING OR MEDICAL CONTRIBUTING CAUSE OF DEATH 21d. INJURY OCCURRED 218 PLACE OF INJURY (ATHOME 211 LOCATION STREET, FACTORY, EARM, ETC.) CITY OF TOWN COUNTY STATE D WHILE AT WORK EXECUTE THE CERTIFICATE, VPAGE 4 SHOULD BE FORW TO FUNERAL DIRECTOR: PAFIER DEATH, WITH THE STY BALLTIMORE, MARYLAND, 21 Inspection X 220. I certify that I took charge of the remains described above, held an death resulted from: Natural causes Accident Undetermined monner TITLE (SPECIFY) ACTUAL Assistant MEDICAL EXAMINER 6-21-82 SIGNATURE EXAMINER'S NAME 111 Penn St., Balto., Md. 21201 M.D. 230. BURIAL, CREMATION, REMOVAL 23b. DATE 23d LOCATION STATE 6/25/82 Auburn Cem Baltimore Burial MD 24. FUNERAL DIRECTOR **DHMH - 17** 1101 E. North Ave. C. March F/H (VR A15 ME (5)) 20M 4/B2

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STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

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	REGISTRAR			CERTIF	ICATE OF DEATH	REG. NO.		
	CEASED NAME FIRST		MIDDLE	l	AST .	20 DATE OF DEATH MON	TH DAY YEAR	26 HOUR
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7a. BI	IRTHPLACE (STATE OF FOREIGN	76. CITIZEN OF	WHAT COUNTRY?	8 AAADDIE	D NEVER MARRIED	9 BALTIMORE CITY OR CO	DUNTY OF DEATH	
	MARYLAND	USA		WIDOWE		BALTIMORE	CITY	AA
Ва	altimore	Maryla	nd Gener	al Ho	ospital	120 USUAL OCCUPATION (1YPE OF WORK FOR MOST OF WOR HOMEMAKER		F BUSINESS OF
130 S	AL RESIDENCE (IF NURSING HOME STATE	OR OTHER INSTITUTION	GIVE RESIDENCE BEFORE		13d INSIDE CITY LIMITS?	13e. STREET ADDRESS		
		TIMORE	COCKEYSV		YES NO K	SHAWAN RD		
I4 FA	ATHER'S NAME				15 MOTHER'S MAIDEN NA			
	CHARLES	MIDDLE	AMOS		NELLIE	MIDDLE	DILL	
16a, V	VAS DECEASED EVER IN U.S. A	RMED FORCES? 166 SOCIAL SECURITY NO.			17 INFORMANT	ADDRESS	DIDEC	721
14	YES, NO OR UNKNOWN) (IF YES, G	213-10-0765 MARYLAND MASONIC HOMES COO					OCKEYSVILL	E MD
	18 CAUSE OF DEATH (Enter o		-	THE TENO	ONIO HOLES C		MATE INTERVAL	
NOI	gave rise to immediate cause (a), stating the underlying cause last	DN GIVEN IN PART 1:0						
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CERTIFIC	5/15/82		CONDITION FOR WHICH OPERATION WAS PERFORMED Fracture of Right Hip			200 AUTOPSY? 20b.	IF YES, WERE FINDIN CERTIFYING CAUSES YES [OF DEATH?
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ME	WHILE NOT WHILE AT WORK	AMINER	STATE					
		ital) attended th	e deceased from	May 1	4 - 10.82	. June	16 , 82	. X / V
	22a.1 certify that the (this hasp saw the deceased alive a abavey(1) (we) (did) prints	Jine	16 19 E	32_, on	d that in May) (aur) apinian o	leath accurred an the date or	nd hour and fram the	touses stated
	226. SIGNATURE	Tren	+, m. 7) ,	ATTENDING PHYSICIAN	MEDICAL STAFF DIRECTOR PHYSICIAN	V 6/1	SIGNED 6/198
	22d. PHYSICIAN'S NAME TYPE	OR PRINT)	,		22e ADDRESS		7	/
	Karen Tren				C/o Mary	land General	Hospital	
	URIAL, CREMATION, REMOVAL	23b. DATE	23t N	AME OF C	METERY OR CREMATORY	23d LOCATION		

DHMH - 16 50M 1/81 (VRA 15, 4)

74 FUNERAL DIRECTOR
MITCHELL-WIEDEFELD HOME 6500 YORK RD. 21212 250 DATE REC'D. BY REGISTRAR JUN 2 1 1982

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FOR

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DHMH-16 20M

(VRA 15, 4) 7/78

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

CERTIFICATE OF DEATH

REG. NO

26 HOUR

HOUR5

12b. KIND OF BUSINESS OR

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STATE

INDUSTRY---

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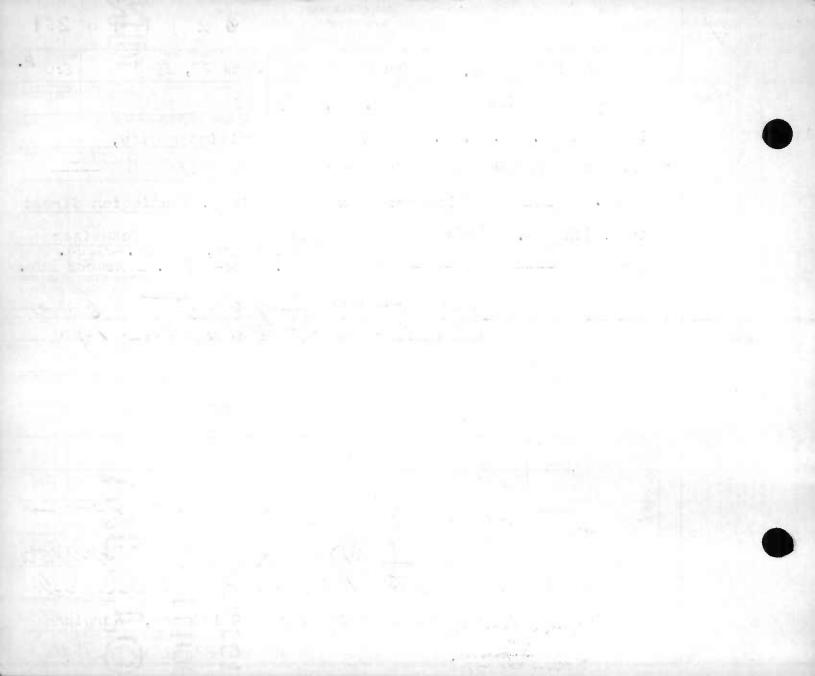
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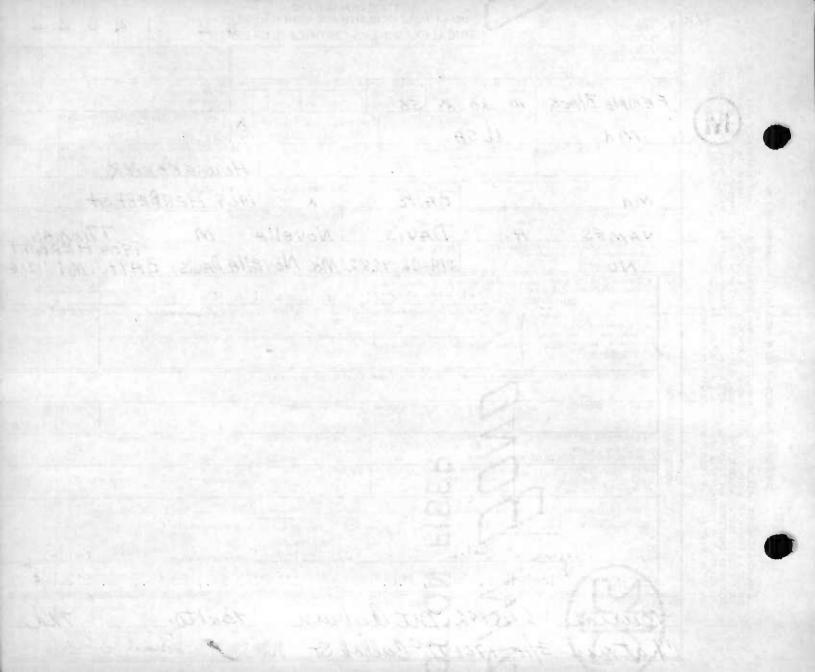
IF UNDER 24 HRS

IF UNDER 1 YEAR

MONTHS DAYS



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	ACA KA		Baltimore		erbert St.			HOUSEK	EEPER		
5	Separate Separate	USUA 13a S	AL RESIDENCE (IF IN NURSING HOME OF				13d. INSIDE CITY LIMITS?				
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BALTIMORE, MD. 21201	URS AFTER B. GIVE PAGE WITH FORU		NO		213-26-7	282	1115. 140V	FITH VAVIS	DAIT	2, McC	21216
	. N. 18. W. 19.		18 CAUSE OF DEATH (Enter on PART I DEATH WAS CAUSE)							BFTWEFN ONS	ET AND DEATH
PRESTON ST.,	A W S S S S S S S S S S S S S S S S S S	120		TE CAUSE (a) Art	eriosclero	otic c	ardiovascu	ular disease			
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	() · U · · ·		PART 2 OTHER SIGNIFICANT CONDITIONS		UT NOT RELATED TO THE TER	MINAL DISEASE	OR CONDITION GIVEN IN PA	APT 1 (a)			
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VIS		MEDICAL	21d. INJURY OCCURRED		FINJURY (AT HOME, DRY, FARM, ETC.)		CATION	CITY OR TOWN	COU	NTY	STATE
۵	S R R Q E S	_ <	WHILE NOT WHILE AT WORK								
	RE THE VIEW PAW		22a 1 certify that I taak charg	e of the remains days	sibad abaya bald as	Autops	y . Inspectio	on X, Inquiry	and in my op		
	L EXAMINER: E CERTIFICATE DUID BE FOR H, WITH THE S MARYLAND,									inion	
	AAA STIF S BE S BE S BE S BE S BE		death resulted from: Natur	rol causes LX.	Accident, Si	vicide 🔲	. Homicide/	Undetermined manne	<u></u>		
	CERT CERT CULD I		ACTUAL 114	. y and	Artes and		TITLE (SPECIFY)		DATE	c 11	00
	CAL EXA SHOULD SHOULD SATH, WI SRE, MAR	1	SIGNATURE	a e vou	ca	M.	D. ASSISTA	nt MEDICAL EXAMINE	R SIGNE	6-14-	82
	WO NA A TEN	-	EXAMINER'S NAME Vir	ainia I	Oolan, M.D.		111 6	Penn St., Ba	Ito. Md	. 21201	
	TO MEDICAL EXAMMEN EXECUTE THE CERTIFE PAGE A SHOULD BE TO THE PAGE A SHOULD BE ATTENDED THE PAGE BOTH WITH BALLIMORE, MARYL		(TIPE OR PRINT)				ADDRESS		., .,	1-01	
./.	EDS E S B	23a.B	URIAL, CREMATION, REMOVAL 2	36 DATE	23c, NAME OF CE	MEJERY O	RCREMATORY	23d LOCATION	COUN	TY	TATE
1500	BP		Jurial	6/18/80	2 mt	rul	urn	Touto	,	TK	A.
00/	DHMH - 17	24. F	JNERAL DIRECTOR	ADDRESS	. 0 .	11	A 250. DATE	REC'D. BY REGISTRAR 2	Sh. REGISTRAR'S S	GNATURE	
	(VR A15 ME (5))	1	hatmen 3	1/4 170	1 mc/1	llat	St JU	N 1 6 1982	name yo	- Marth	
	20M 4/82	2				WYY A			W.		



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(VRA 15, 4)

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE 🛭 CERTIFICATE OF DEATH

REGISTRAR REG. NO DECEASED NAME EIRST 20 DATE OF DEATH MONTH 26 HOUR 6:10 p JUNE SR T. EARL DAVIS 3 SEX 4 RACE 5. DATE OF BIRTH 6. AGE (IN YEARS LAST BIRTHDAY) 33ª 16 49 Black Male TO BIRTHPLACE ISTATE OR FOREIGN TE CITIZEN OF WHAT COUNTRY? BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED USA N.C. BALTIMORE CITY WIDOWED II CITY OR TOWN OF DEATH NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION 120 USUAL OCCUPATION 126 KIND OF BUSINESS OR IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS (TYPE OF WORK FOR MOST OF WORKING LIFE) JOHNS HOPKINS HOSPITAL Baltimore USUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION GIVE RESIDENCE BEFORE ADMISSION) 501 N. Collington Ave. 31 CITY OR TOWN 13d. INSIDE CITY LIMITS? Baltimore MD YES X NO [15. MOTHER'S MAIDEN NAME 4 FATHER'S NAME MIDDLE Marie Williams Ellie Davis 17 INFORMANT 60 WAS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SECURITY NO YES. NO OR UNKNOWN) LIE YES GIVE WAR OR DATEST Betty L. Davis 501 N. Collington Ave. 243-50-4931 No 18 CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c) PART I. DEATH WAS CAUSED BY DUE TO, OR AS A CONSEQUENCE OF Conditions, if ony, which gove rise to immediate couse (o), stoting DUE TO, OR AS A CONSEQUENCE OF underlying couse PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 160 20n AUTOPSY? 206. IF YES, WERE FINDINGS USED

19a DATE OF OPERATION

220.1 certify that (1) (this hospital) attended the deceased from.

obove (1) e) (did) (did not) view the body ofter death

21a. ACCIDENT WAS UNDERLYING

OR CONTRIBUTING CAUSE OF DEATH (IF EITHER NOTIFY MEDICAL EXAMINER) 21d. INJURY OCCURRED

NOT WHILE

sow the deceased alive on.

196 CONDITION FOR WHICH OPERATION WAS PERFORMED

1982

216. TIME OF INJURY HOUR A.M. MONTH DAY YEAR

(AT HOME STREET, FACTORY, OFFICE FARM ETC.)

21e PLACE OF INJURY

21f. LOCATION

NO

CITY OR TOWN

NO I 216 HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART) OR PART ?

IN CERTIFYING CAUSES OF DEATH?

COUNTY STATE

DEGREE ATTENDING

MEDICAL PHYSICIAN DIRECTOR PHYSICIAN

and that in (my) (our) opinion death occurred on the date and hour and from the causes stated

22c. DATE SIGNED

N.C.

226 PHYSICIAN'S NAME (TYPE OR PRINT) PRZEPIORKA 22e ADDRESS

601 N. WOLFE BALTIMORE, MD 21205

Burial

230. BURIAL, CREMATION, REMOVAL

22b. SIGH+

236. DATE 6/11/82

JUNG

23c NAME OF CEMETERY OR CREMATORY Church Cemetery

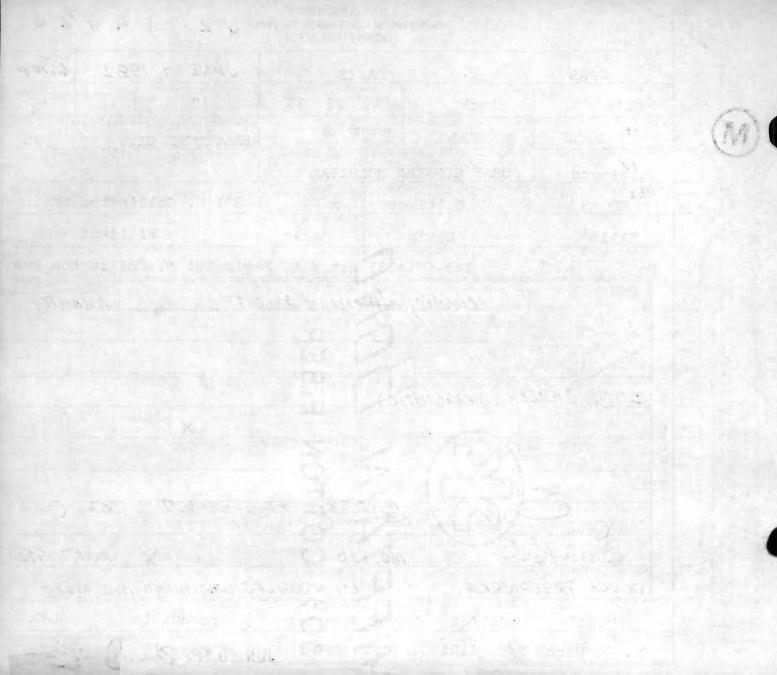
Greenville

250 DATE REC'D. BY REGISTRAR 256. REGISTRAR'S SIGNATURE

- STATE

1101 North Ave. Wm. C. March F/H

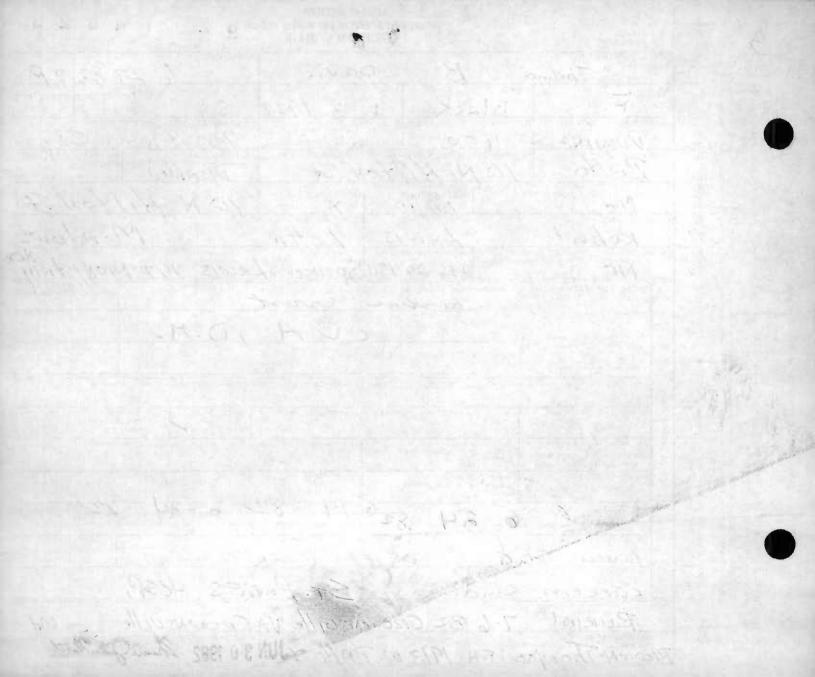
24 FUNERAL DIRECTOR DHMH - 16 50M 1/81



DEPARTMENT OF HEALTH AND MENTAL HYGIENE STATE MEDICAL EXAMINER'S CERTIFICATE REGISTRAR REG. NO . DECEASED NAME DAY 20. DATE KNOWN X7 HINOM 76 HOUR (TYPE OR PRINT) ESTI-Nancy 18 19 82 Davis 6 DEATH MATED 4. RACE 5. DATE OF BIRTH 3. SEX 6 AGE (IN YEARS IF UNDER TYR. IF UNDER 24 HRS DATE LAST BIRTHDAY) PRONOUNCED 8 DEAD 20 61 YRS To BIRTHPLACE (STATE OR 9 BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED FOREIGN COUNTRY) Baltimore City 2 WIDOWED DIVORCED D. CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL NURSING HOME, OR OTHER INSTITUTION 120 USUAL OCCUPATION (TYPE OF WORK 126 KIND OF BUSINESS NOT IN SUCH FACILITY, GIVE STREET ADDRESS) OR INDUSTRY Baltimore 1700 Westwood Actor ISUAL RESIDENCE (IF IN NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) 13a. STATE 136 COUNTY 13c. CITY OR TOWN 13d INSIDE CITY LIMITS? 13a. STREET ADDRES Md. 100 YES A 14 FATHER'S NAME 15. MOTHER'S MAIDEN NAME DIVISION OF VITA MIDDLE FIRST FIRST Mar SCOVAC 17. INFORMANT 60. WAS DECEASED EVER IN U.S. ARMED FORCES? ADDRESS (YES, NO, OR UNKNOWN) 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH PART I DEATH WAS CAUSED BY Metastatic carcinoma IMMEDIATE CAUSE (o)_ DUE TO, OR AS A CONSEQUENCE OF Canditians, if any, which gave rise to immediate SED AS A BURIAL - TRA HEALTH AND MENTA AL, CREMATION, OR F cause (a) stating the under-DUE TO, OR AS A CONSEQUENCE OF lying cause last. PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH RUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (a) CERTIFICATION 19a, DATE OF OPERATION 196. CONDITION FOR WHICH OPERATION WAS PERFORMED? 20 AUTOPSY? FORWARDED TO THE CHIE OR: PAGE 3 SHOULD BE US! HE STATE DEPARTMENT OF ND, 21201 PRIOR TO BURIA YES [NO IX 21a EXTERNAL CAUSE WAS 216 TIME OF INJURY 21c. HOW INJURY OCCURRED LENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 21 HOUR A.M. MONTH DAY YEAR UNDERLYING OR MEDICAL CONTRIBUTING CAUSE OF DEATH P.M 214 INJURY OCCURRED 21e PLACE OF INJURY (AT HOME 211 LOCATION AT WORK AT WO STREET, FACTORY, FARM, ETC.) STREET CITY OR TOWN STATE COUNTY EXECUTE THE CERTIFICATE, VPAGE 4 SHOULD BE FORW.
TO FUNERAL DIRECTOR: PAFIER DEATH, WITH THE STIRANORE, MARYLAND, 2 Inspection X 22a. I certify that I taak charge of the remains described above, held on Autopsy Inquiry and in my apinion death resulted fram: atural causes Homicide Undetermined manner TITLE (SPECIFY) 6/18/82 ACTUAL Deputy SIGNATURE MEDICAL EXAMINER EXAMINER'S NAME Thomas D. Smith, M.D. 111 Penn St., Balto., Md. 21201 (TYPE OR PRINT) ADDRESS 23a BURIAL, CREMATION, REMOVAL 23d LOCATION STATE 250. DATE REC'D. BY REGISTRAR 1256 REGISTRAR'S SIGNATURE 24 FUNERAL DIRECTOR **DHMH - 17** (VR A15 ME (5)) 20M 4/82

STATE OF MARYLAND

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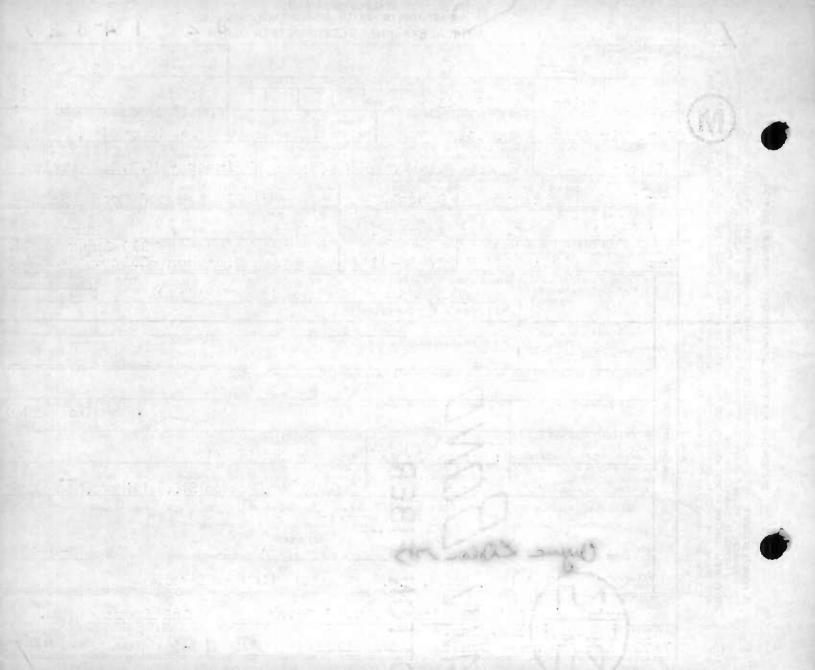


	6		STATE OF MARYLAND	
2	13		FOR DEPARTMENT OF HEALTH AND MENTAL HYGIENE	2 2 6
	' /		STATE REGISTRAR MEDICAL EXAMINER'S CERTIFICATE OF DEATH REG. NO.	0 4 0
			CEASED NAME FIRST ALLA WITTANDLE LAST 20. DATE KNOWN MONTH	DAY YEAR 76 HOUR
			PE OR PRINT)	
13	2000年世		William ∠, Davis DEATH MATED □ 6	3 19 82 M
12	OF OF	3 SEX	X 1 RACE S DATE OF BIRTH 6. AGE (IN YEARS F UNDER 1 YR. IF UNDER 24 HRS. 26. DATE MONTH ONTH DAY YEAR LAST BIRTHDAY MONTHS DAYS HOURS MIN. PRONOUNCED	DAY YEAR 24 HOUR
(%	美数数と	m	ALE ISLACKS - 12-927 53YRS. MONTHS DAYS HOURS MIN. PROTOCOUNCED DEAD 6	3 19 82 6:54P
5	A SECTION	7p. B	INDIAND ACE ISTATE OR / 17h CITIZEN OF WHAT COUNTRY?	
19	朝日本	FC	OREIGN COUNTRY) MARRIED NEVER MARRIED	
一里	- 10°C	WL	mehburg (A. U. S./F WIDOWED DIVORCED Baitimore City	MD.
SI	A SEE STEE	10. C	ITY OR TOWN OF DEATH II. NAME OF HOSPITAL, NURSING HOME, OR OTHER INSTITUTION If NOT IN SUCH FACILITY, GIVE STREET ADDRESS) 12a USUAL OCCUPATION (TYPE OF WORK) APPRINGS OF WORKING LIFE)	OR INDUSTRY
DELAY	2, AND 3 TO THE 3. RETAIN PAGE 5HOULD BE FILED AL RECORDS, 201		Baltimore Bon Secours Hospital BrickLayer	
_ 8	S S S S		AL RESIDENCE (IF IN NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION)	
21201 ANY	9458~ <	130cs	STATE 136 COUNTY 136 STREET ADDRESS YES NO 136 STREET ADDRESS YES NO 136 STREET ADDRESS	at Allo
2 2	S. Z. Z.	111	3111111111	שון וווע
MO H	A 32.2	14. F	ATHER NAME 7 / MODIE LAST 15. MOTHER'S MAIDEN NAME FIRST 1 MODIE	LAST
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9 0 8	N S S S S S S S S S S S S S S S S S S S	16a. \	WAS DECEASED EVER IN U.S. ARMED FORCES? 166. SOCIAL SECURITY NO. 17 INFORMANT ADDRESS	11 1
E 35	F. F. R. S.	(4	YES, NO. OR UNKNOWN) (18 YES, GIVE WAR OR DATES)	-ulton ACR
A & &	WITH FOR WITH FOR PAGES DIVISION		NO SI ZI PO MITS PENTING MILANIF	APPROXIMATE INTERVAL
T. 308			18 CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c).) PART I DEATH WAS CAUSED BY:	BETWEEN ONSET AND DEATH
A H	N ITEM 18 ALONG V SIT PERMIT HYGIÈNE, I MOVAL		Arteriosclerotic cardiovascular disease	
5 22			DUE TO, OR AS A CONSEQUENCE OF	
사 보	NCIL IN UNER A URANSIT VIAL HY		Conditions, if any, which	- SALE MERCHAN
A. W	NA AND		gave rise to immediate (b) DUE TO, OR AS A CONSEQUENCE OF	
= 8	# N N N N N N N N N N N N N N N N N N N		lying couse last.	
. 26 SOTE	- WE 00		(c)	
RECORDS,	WA BEE		PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO GEATH BUT NOT RELATED TO THE TERMINAL OISEASE OR CONDITION GIVEN IN PART 1 (a)	
0 3	AS A AS A CREATH	1 8		
	PENDI F AED ED AS / HEALTH AL, CRE/	18	196. DATE OF OPERATION 196. CONDITION FOR WHICH OPERATION WAS PERFORMED?	20 AUTOPSY?
VITAL RE	S = S - S	5		Vec 47
	WORD FE CHIE ENT OF BURIE	CERTIFICATION	210. EXTERNAL CAUSE WAS 210. TIME OF INJURY 1210. HOW IN JURY OCCURRED. SENTER NATURE OF INJURY IN ITEM 18 PART LOR PAR	YES NO
OF ATE	213 A C		210. EXTERNAL CAUSE WAS 210. TIME OF INJURY HOUR A.M. MONTH DAY YEAR 211. HOW INJURY OCCURRED LENTER NATURE OF INJURY IN ITEM 18 PART I OR PAR	[2]
NO OF	HOOM S	13	CONTRIBUTING CAUSE OF DEATH P.M. 19	
DIVISION OF	3 SHC DEP TO DEPAR	MEDICAL	21d INJURY OCCURRED 21e PLACE OF INJURY (ATHOME. 211. LOCATION	
	E SHEET	1	WHILE NOT WHILE STREET, FACTORY, FARM, ETC.) STREET CITY OR TOWN COU	NTY STATE
D SHIS	CATE, WRITING THE WORD, "PEI FORWARDED TO THE CHIEF M OR: PAGE 3 SHOULD BE USED A HE STATE DEPARTMENT OF HEA NHD, 21201 PRIOR TO BURIAL, C	1	AT WORK AT WORK	
ė.	ATE OR D,		The Fourtify that clock charge of the remains rescribed above, had an Autopsy X. Inspection Inquiry, and in my api	inion
Ž	SELE €		death resulted from Natural courses XI Account XI Suicide . Homicide . Undetermined monner .	
EXAMINER:	RTIFICA D BE FO RECTOS VITH THE RRYLANI		TITLE (SPECIFY)	
	\$.50 50			6/4/82
3	도로 중투 는 -	1	SIGNATURE Deputy Chief MEDICAL EXAMINER SIGNED	0/4/02
AED C	NE SE		EXAMINER'S NAME Thomas D Smith M D III Penn St. Balto M	D
*	FXECUTE PAGE 4 TO FUN AFTER DE BALTIMO		Thomas D. Smith, M.D. ADDRESS III Penn St. Balto., M	0.
0	EXECUTE THE CERTIFICATE, PAGE 4 SHOULD BE FORW TO FUNERAL DIRECTOR: PATER DEATH, WITH THE ST BATTER DEATH, WITH THE ST	23a.B	BURIAL, CREMATION REMOVAL 23b. DATE AME OF CEMETERY OR GREMATORY 23d LOCATION CITY FOR THE CITY OF THE	SY STATE /
m/.n2	200	1	Sur, Al 6-8-82 Mt. Zion Cem. Batto, Co	
000	Dr	24.F	FUNERAL DIRECTOR 250. DATE REC'D. BY REGISTRAR 256. REGISTRAR'S.S.I	GNATURE
	DHMH - 17	11	NAME () T) SC DADRESS () 1/4 Th GIR IIII O MODO 31 ()	2 -20
(\	/R A15 ME (5)) 20M 4/82	2	OSEND FICUSS FLATON WONLY LICENTIN A POC COMMISSION	1 King MAN
	-0111 -1 04			

DEPARTMENT OF HEALTH AND MENTAL HYGIEN - STATE REGISTRAR 20. DATE KNOWN X MIDDLE DECEASED NAME MONTH 26 HOUR (TYPE OR PRINT) ESTI-DEATH MATED Larry J. Dawson 29 1982 4 RACE S. DATE OF BIRTH AGE (IN YEARS | IF UNDER 1 YR. IF LINDER 24 HRS DATE 3:05 PRONOUNCED YEAR 1982 15 41 Male White 4 7 YRS a. M 9. BALTIMORE CITY OR COUNTY OF DEATH RIRTHPLACE (STATE OF 76. CITIZEN OF WHAT COUNTRY? MARRIED X NEVER MARRIED FOREIGN COUNTRY! Baltimore City. West Virginia U.S.A. WIDOWED DIVORCED IS CITY OF TOWN OF DEATH Painter - M.P. Industries Avenue & Boston Street Baltimore Dundalk 134: INSIDE CITY LIMITS? 13e. STREET ADDRESS Baltimore Dundalk 210 Ashwood Road NO E Marvland 15 MOTHER'S MAIDEN NAME 14. FATHER'S NAME MIDDLE MIDDLE Wilma Russell Hurst Dawson ADDRES210 Ashwood Rd. 17. INFORMANT the WAS DECEASED EVER IN U.S. ARMED FORCES? THE SOCIAL SECURITY NO. Margaret M. Dawson -Balto., MD. 21222 1961-1964 216-36-1194 CAUSE OF DEATH (Enter only one cause per line for (o), (b), and (c),) JID BE USED AS A BURIAL - TRANSIT PERMIN MENT OF HEALTH AND MENTAL HYGIENE, TO BURIAL, CREMATION, OR REMOVAL. PART I DEATH WAS CAUSED BY (handgun) Gunshot wound right temple IMMEDIATE CAUSE (a) DUE TO, OR AS A CONSEQUENCE OF Conditions, if ony, which gave rise to immediate DIVISION OF VITAL RECORDS, 201 W. cause (o) stating the under-DUE TO, OR AS A CONSEQUENCE OF lying couse last PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 IO 19a. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED? head only TO MEDICAL EXAMINER: THIS CERTIFICATE STATES OF THE CERTIFICATE, WRITING THE WORD PAGE 4 SHOULD BE FORWARDED TO THE CHIT TO FUNERAL DIRECTOR: PAGE 3 SHOULD BE US AFTER DEATH, WITH THE STATE DEPARTMENT OF BALLIMORE, MARYLAND, 21201 PRIPR TO BURIL 210. EXTERNAL CAUSE WAS 216. TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) HOUR A.M. MONTH DAY YEAR UNDERLYING 29 1982 subject shot himself CONTRIBUTING CAUSE OF DEATH 3: 02KK 21 LOCATION TIE PLACE OF INJURY (AT HOME CITY OR TOWN AT WORK NOT WHILE Dundalk Ave. & Boston St., Baltimore, Maryland AT WORK auto 220 I certify that I took charge of the remains described above held Autopsy X Inspection ___ Suicide X Hamicide Undetermined monner death resulted Iram: Natural causes Accident TITLE (SPECIFY) 6-29-82 Assistant EXAMINER'S NAME Virginia L. Dolan, M.D. III Penn Street 23d. LOCATION 230 BURIAL, CREMATION, REMOVAL 236 DATE 231. NAME OF CEMETERY OR CREMATORY Sacred Ht.Of Jesus 7/2/1982 Baltimore MD. 24 FUNERAL DIRECTOR Duda-Ruck, Inc. 250. DATE REC'D, BY REGISTRAR **DHMH - 17** Dundalk, MD. Wise Avenue (VR A15 ME (5))

20M 4/82

STATE OF MARYLAND



- STATE

(VRA 15, 4)

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

CERTIFICATE OF DEATH

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FOR	DEPARTMENT

TATE OF MARYLAND OF HEALTH AND MENTAL HYGIENE 🖇

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dia.		-	0	W	

REGISTRAR		CEI	KITFICATE OF DEATH	REG. NO.				
I. DECEASED NAME FIRST	W	IDDLE	LAST	20 DATE OF DEATH MONTH	DAY YEAR 26 HOUR			
(Three controls)	lliam !	H. Deb	us, Sr.	June 20, 1982	6:45 Au			
0. SEX	4 RACE		ATE OF BIRTH	6. AGE (IN YEARS LAST BIRTHDAY)	IF UNDER 1 YEAR IF UNDER 24 HRS			
Male	Whit	e Se	ept. 8, 1916	65 YRS	MONTHS DAYS HOURS MIN			
MINITIPLACE (STATE OF FOREIGN	76 CITIZEN OF W	VHAT COUNTRY? 8	ARRIED MEVER MARRIED	9 BALTIMORE CITY OR COUN	ITY OF DEATH			
Maryland	U.S.A.		OWED DIVORCED	Baltimore C	ity MD			
Baltimore		OSPITAL, NURSING HO	ome or other institution Hospital	120 USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKING Machinist - Be	IZE KIND OF BUSINESS OR INDUSTRY The Steel			
USUAL RESIDENCE (IF NURSING MON 130 STATE 136 CO Maryland	E OR OTHER INSTITUTION C			130 STREET ADDRESS Shamrock	Ave.			
Adan	WIDDIE	Debus	15. MOTHER'S MAIDEN NA Fannie	MIDDLE	Schäefer			
160 WAS DECEASED EVER IN U.S.		166 SOCIAL SECURITY	NO. 17 INFORMANT	ADDRESS				
Yes no or unknown) (IF YES	WW II	216-07-917	2 Mrs. Joseph:	ine Debus Same	as # 13e			
PART 2 OTHER SIGNIFICAL	PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 140. Cerebral Thrombosis, Left							
Cerel 190 DATE OF OPERATION 210. ACCIDENT WAS UNDERLYING	196 CONDIT	ION FOR WHICH OPER	ATION WAS PERFORMED	20a AUTOPSY? 20b. IF YES NO	YES, WERE FINDINGS USED TIFYING CAUSES OF DEATH? YES NO			
	DEATH HOUR A.M	MONTH DAY Y	21c HOW INJURY OCCUR	RED (ENTER NATURE OF INJURY IN ITEM I	8 PART I OR PART ?}			
THE TITER NOTIFY MEDICAL EXAM 21d INJURY OCCURRED WHILE NOTIFY MEDICAL EXAM 21d INJURY OCCURRED WHILE NOTIFY MEDICAL EXAM AT WORK	(AT HOME STRE	F INJURY ET FACTORY, OFFICE, FARM, ET	211 LOCATION STREET	CITY OR TOWN	COUNTY STATE			
220.1 certify that XI) (this hi	27a.1 certify that XI) (this haspital) attended the deceased from May 1, 1982, to June 20, 1982, that XII (we) lost							
276 SIGNATURE	4 11		DEGREE		224 DATE SIGNED			
Muhrel). 6/ mil	0,40	ATTENDING PHYSICIAN (MEDICAL STAFF DIRECTOR PHYSICIAN	6/20/82			
224 PHYSICIAN'S NAME IT	PE OKEHINI	7.00	22e ADDRESS		0/20/02			
Michae	1 HAYE	5, M.D.	c/o Marylan	d General Hospi	tal			
23a BURIAL, CREMATION, REMOV	AL 236 DATE	23¢ NAME	OF CEMETERY OR CREMATORY	23d LOCATION	a Quality			
Burial	June 23	, 1982 St.	Thomas Church	Bal	timore, Maryland			

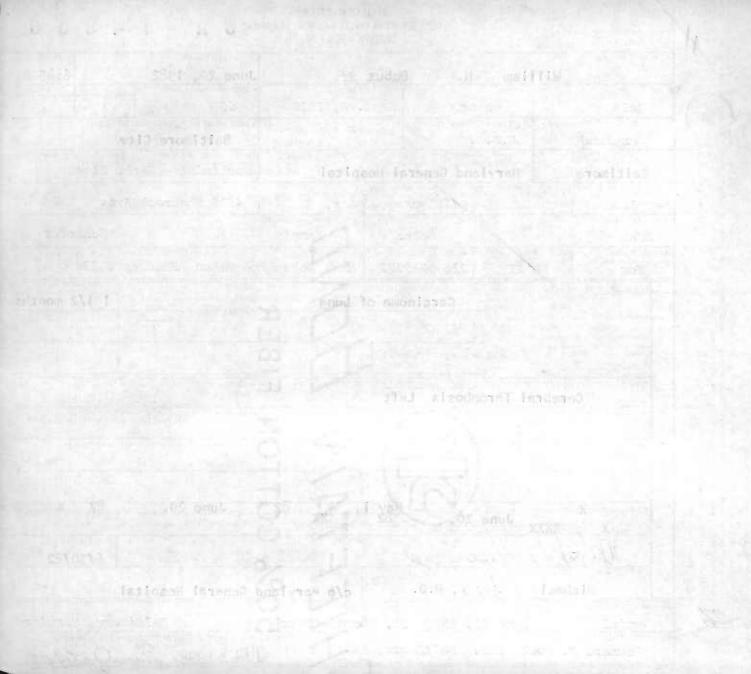
DHMH - 16 50M 1/B1 (VRA 15, 4)

as the burial-transit permit. Then pleas th and Mental Hygiene priar ta burial,

marked ar Item 18 shaws any

TO FUNERAL DIRECTOR: After this certificate has been signed

24 FUNERAL DIRECTOR Leonard J. Ruck, Inc. Baltimore, Md. 25a DATE REC'D. BY REGISTRAR 25b. REGISTRAR'S SIGNATURE



ARBUTUS MEM. PK

BALTIMORE

BANE GITTEN 1256 REGISTRAR'S SIGNATURE

25c. DATE REC'D.

STATE OF MARYLAND

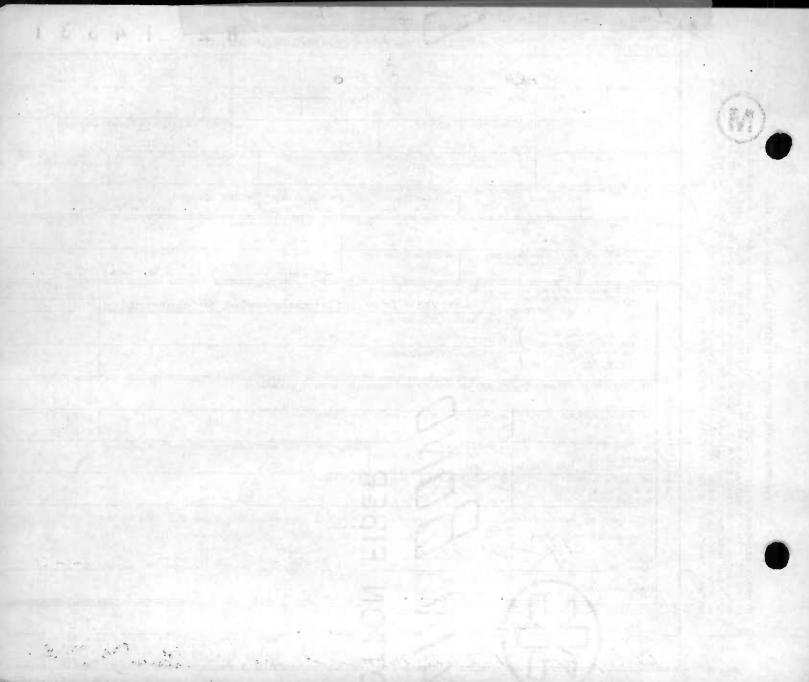
Items | 18a-22a Film G569 7/8/82

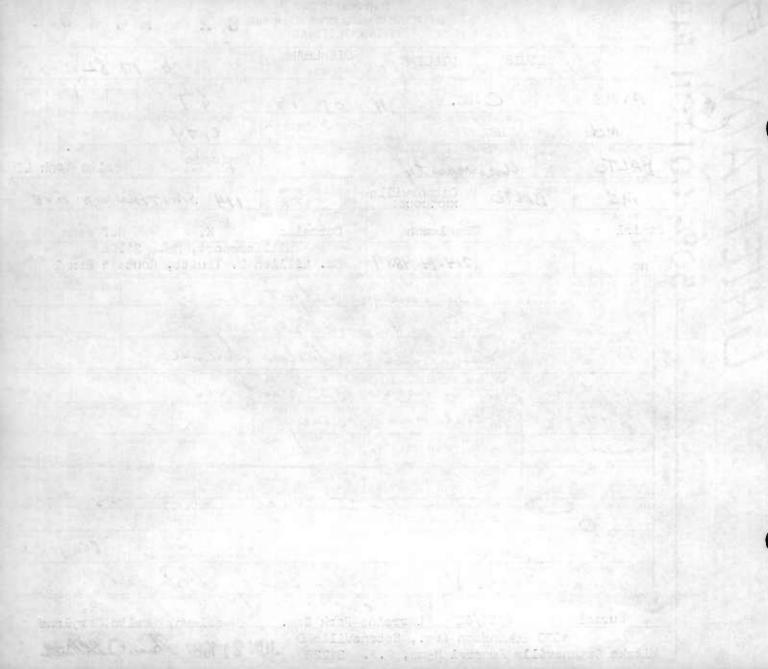
DHMH - 17 (VR A15 ME (5)) 20M 4/B2

BURIAL

24 FUNERAL DIRECTOR

6-11-82





1 - FOR STATE REGISTRAR	DEPAI	STATE OF MARYLAND RTMENT OF HEALTH AND MENTAL HY CERTIFICATE OF DEATH	IGIENE 8 2	4833
1. DECEASED NAME FIRST	MIDDLE	LAST	20 DATE OF DEATH MONTH	DAY YEAR 26 HOUR
John	Andrew	Deinlein	June 16, 1982	M
1.5EX	4. RACE	5 DATE OF BIRTH	6 AGE (IN YEARS LAST BIRTHDAY)	IF UNDER 1 YEAR IF UNDER 24 HRS.
Male	White	April 5, 1896	86 YRS	MONTHS DATS HOURS MIM.
LACE (STATE OR FOREIGN	76 CITIZEN OF WHAT COUNTR		9 BALTIMORE CITY OR COUNT	Y OF DEATH
Maryland	U.S.A.	WIDOWED DIVORCED	Baltimore City	MD
10 CITY OR TOWN OF DEATH	11. NAME OF HOSPITAL, NUR (IF NOT IN SUCH FACILITY, GIVE STR	SING HOME OR OTHER INSTITUTION	12a USUAL OCCUPATION	126. KIND OF BUSINESS OR
Baltimore	6114 Birchwo		(TYPE OF WORK FOR MOST OF WORKING)	IFE) INDUSTRY
USUAL RESIDENCE (IF NURSING HOME OF 136, STATE 136, COL Maryland		OWN 134 INSIDE CITY LIMITS?	13e STREET ADDRESS 6114 Birchwood	Ave
George	MIDDLE LAST	FIRST	MIDDLE	LAST
160 WAS DECEASED EVER IN U.S. A	Deinlei ARMED FORCES? 166 SOCIAL SE	11-1-9	ADDRESS	Detzer
	Sive war or dates) 212-05			Same
Conditions, if ony, which gave rise to immediate cause (a), stating the underlying cause last	DUE TO, OR AS A CONSECTION OF THE TOTAL OF T	My AVRM IDISCA DUENCE OF		APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH YEARS.
PART 2 OTHER SIGNIFICANT CONTROLL	CONDITIONS CONTRIBUTING T	Dabetes.	MINAL DISEASE OR CONDITION GI	VEN IN PART 1(a
190 DATE OF OPERATION	196 CONDITION FOR WHI	CH OPERATION WAS PERFORMED	IN CERTI	S, WERE FINDINGS USED FYING CAUSES OF DEATH IS NO []
		DAY YEAR	RRED. LENTER WATURE OF HUMEN WHITE IN	PART I CREARING
DECOMPANIENCE CAUSE OF DE PRINTER NOTATION MEDICAL EXAMINATION OF CURRED MINISTER OF THE PRINTER	21st PLACE OF INJURY (=1 HOME SIREEL FACTORY OFFICE	E YANA ETC.) 211 LOCATION	DIN ORTOWN	COUNTY STATE
27s I certify that (I) (the force saw the deceased alive a	UOU-	D.	to Jave 16 In death occurred on the date and her MEDICAL STAFF DIRECTOR PHYSICIAN	10 82 that (0 De last or and from the course stated 61 61 61 82
James El	leeman M.D.	7600 Osler	r Dr Towson,	Maryland
23a CURIAL, CREMATION, REMOVA RECUE Burial		NAME OF CEMETERY OR CREMATORY Gardens Of Faith		COUNTY STATE

DHMH - 16 50M 1/81 (VRA 15, 4)

TO FUNERAL DIRECT
should be deflected to MEDRIANT # #

24 FUNERAL DIRECTOR

Leonard J Ruck Inc. Baltimore, Maryland

Gardens Of Faith

th Baltimore, 250 DATE REC'D BY REGISTRAR 256 PM

N. S. S. IN SUBSECUTION OF THE SECOND The tendence of the same of th 531012

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE A

	REGISTRAR				CERTIF	ICATE OF DEATH	REC	. NO.	4 0	0 7
	CEASED NAME	FIRST	,	AIDDLE	U	AST	20 DATE OF DEAT		DAY YEAR	2h HOTOON
11111	Édward		Α.	Der	nbec	k	Ju	ne 2,	1982	12 M
3 SE	X	4 R	RACE		DATE O		6. AGE (IN YEARS LAS	T BIRTHDAY)	IF UNDER I YEAR	
	Male		cauc.	12 (2X)	May	4 5 4 6 4 6	69	YRS	MONTHS BATS	HOURS MIN
7g. B	RTHPLACE I STATE OR FO	REIGN 76	CITIZEN OF	WHAT COUNTRY?		O MEYER MARRIED O	9. BALTIMORE CIT	Y OR COUN	TY OF DEATH	
	Baltimore	, Md	USA		WIDOWE	DINEVER MARRIED DIVORCED	Balt	timor	e City	MD.
10 C	ITY OR TOWN OF DEAT	н 11.		OSPITAL, NURSING		R OTHER INSTITUTION	120. USUAL OCCUI			OF BUSINESS OR
9	Baltimore			1 1	spit	al		iver		ond Cab
	AL RESIDENCE (IF NURSIN			GIVE RESIDENCE BEFORE AL						ore, Md
, 50	Md.	38 COOMIT		Baltimo:	re	13d INSIDE CITY LIMITS?	13e. STREET ADDRE		n St.	21231
14 F/	THER'S NAME			Daroimo		15. MOTHER'S MAIDEN NA		Durroa		22072
	Andrew	MIDD	DIE	Demb	eck	Marie Love	er		IA	ST
	VAS DECEASED EVER IN			166 SOCIAL SECURI	TY NO.	17 INFORMANT	B	aritim	ore. M	d. 2123
	Yes	WWII	K OK DATES)	215-09-	6332	Constance			illtop	
	IB CAUSE OF DEATH	Enter only o	ne couse per	line for (a), (b), and i	cilla	1 1	-			CIMATE INTERVAL
	PART I. DEATH WA	S CAUSED B'		NYOLOV	di	of intwo	1/100		NII	nutes
N	4100			R AS A CONSEQUEN		'the	disen			
	Conditions, if ony,		(b)	Colone	nj	orpay	4122	· ·		
	underlying cause	the lost	DUE TO, OF	R AS A CONSEQUEN	CE OF					
			(c)							
z	PART 2. OTHER SIGNI	FICANT CON	IDITIONS CO	ONTRIBUTING TO DE	ATH BUT	NOT RELATED TO THE TERM	AINAL DISEASE OR C	ONDITION	GIVEN IN PART 1	0
CERTIFICATION	LA DATE OF OPERATE	nes	150	1000		Ja. Curt	Tan HUTOSSWA	Ton or	VEC WERE COM	
FICA	190 DATE OF OPERATION		I 198 CONDI	DITION FOR WHICH OPERATION WAS PERFORMED		200 AUTOPSY?		YES, WERE FIND II TIFYING CAUSES		
RTI						1	YES NO		YES [NO 🗆
	21d. ACCIDENT WAS UNDER		216 TIME O		YEAR	21c. HOW INJURY OCCUR	RED (ENTER NATURE OF	INJURY IN ITEM 1	B PART I OR PART 2)	
ICAI	LIF EITHER NOTIFY MEDICA	LEXAMINER)	P./		19			Silver		
MEDICAL	21d. INJURY OCCURRE		21e. PLACE (DF INJURY EET, FACTORY, OFFICE, FARI	w ETC)	211 LOCATION STREET	CITY C	RTOWN	COUNTY	STATE
-	AT WORK NOT WHILE		10-8							
	220 I certify that (I) (t	his hospital)	offended the	deceased from	2-	1 19 8	0 , to 5		19 80	that (I) (we) last
	sow the deceased above (1) (we) (dic		ew the bedy	ofter dead	on	d that in (my) (our) opinion	death accurred on th	e date and h	our and from the	couses stated
	226 SIGNATURE	1	11-	//	0	DEGREE			22c. DATE	SIGNED
1	0	pr	100	/		HD ATTENDING PHYSICIAN	MEDICAL PH	STAFF SICIAN	64	183
	224 PHYSICIAN SNAA	AE (TYPE DEPEN	NTI -	1		22e ADDRESS		^		
1	Dink	Tras	2112	10 11	1	9 < 410	11.000	AIR	- 21-	100

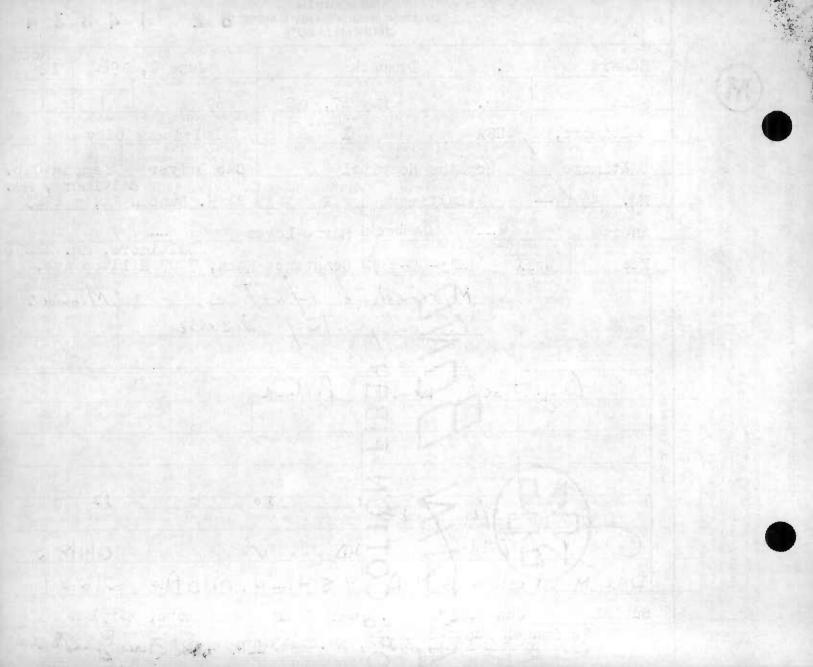
DHMH - 16 50M 1/81 (VRA 15, 4)

230 BURIAL, CREMATION, REMOVAL Burial 23b. DATE June5,1982

23c. NAME OF CEMETERY OR CREMATORY Stanislaus St.

Baltimore, Maryland

24 FUNERAL DIRECTOS Chimunek Funeral Home
3331 Brehms Lane, Balto, Md. 21213 JUN 4 1982 Three



a late to the sign of the second property of the same no. 2 23 85 2 288 P. 1982 P. 1982 P. 1982 P. 1983 P. 1984 P.

Joseph N. Zannino, 263 S. Conkling St.

MIDDLE

- STATE

REGISTRAR

24 FUNERAL DIRECTOR

DHMH - 16 50M 1/81

(VRA 15, 4)

FIRST

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE &

CERTIFICATE OF DEATH

REG. NO

26 HOUR

126 KIND OF BUSINESS OR

NO [

STATE

19_82___, that (I) (we) lost

22¢ DATE SIGNED

COUNTY

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IF UNDER LYEAR

INDUSTRY

21237

YES I

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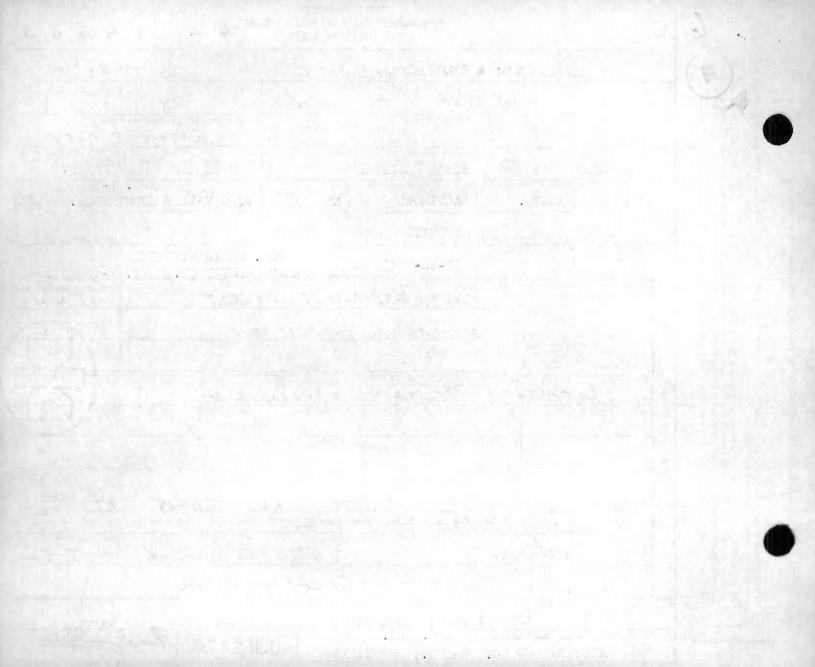
20 DATE OF DEATH

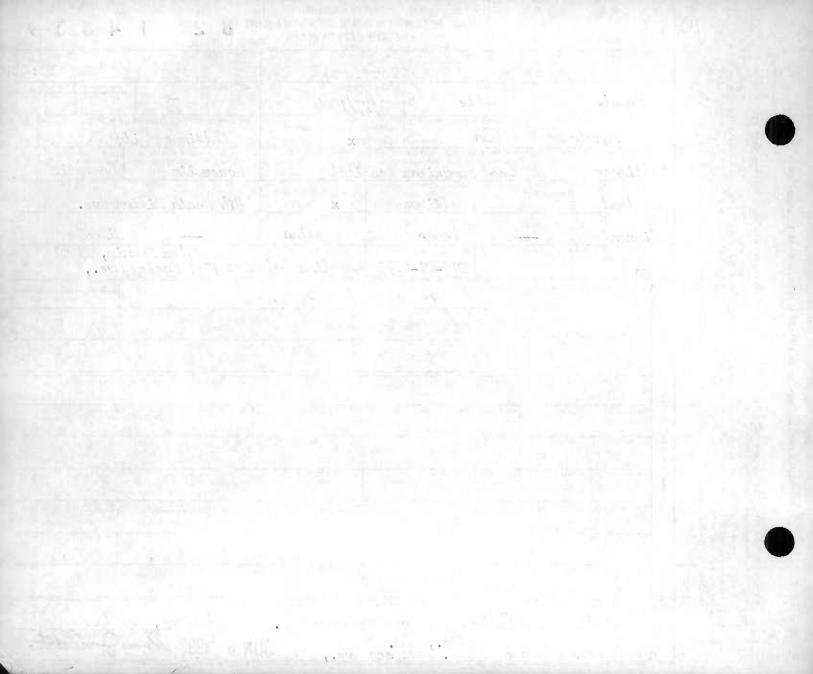
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		213			

	1-	FOR , STATE REGISTRAR	DEPA		EALTH AND MENTAL HY ICATE OF DEATH	GIENE 8 2 REG. NO.	1 4 8 3
Ī		EASED NAME FIRST ELINOR	MIDDLE	Din	AST /	20. DATE OF DEATH MONTH	- 15 - 87 10 -
	SE)		RACE	3. DATE C	DE BIRTHI DAY YEAR	6 AGE (IN YEARS LAST BIRTHDAY)	IF UNDER 1 YEAR IF UNDER 2:
)	F	EMALE	BLACK	3	-27-08		RS.
5		OUNTRY)	CITZEN OF WHAT COUNT	MARRIE		BALTIMORE CITY OR COL	UNITY OF DEATH
1	10 CI	Y OR TOWN OF DEATH	1. NAME OF HOSPITAL, NU			120 USUAL OCCUPATION	12b. KIND OF PUSINES
3		BALTIMORE	Ruth BALTI	MORE GE	upral Acsp.	UNEMACLE	INDUSTRY
20	USUA 13a S	L RESIDENCE (IF NURSING TOME OR O	130 CITY OR T	EFORE ADMISSIONI	13d. INSIDE CITY LIMITS?	13e STREET ADDRESS	
	1 FA	THER'S NAME	DAH! DA	<u></u>	15. MOTHER'S MAIDEN N	AME	
20		VYKXK/QPXAM/	/ George Dim	mvz	LANDAKNON	MIDDLE	Hebbons
1		AS DECEASED EVER IN U.S. ARM		SECURITY NO.	17. INFORMANT	ADDRESS	neobons
4		NO	JO 214-4	10-5454	CMAK	2T	
		18 CAUSE OF DEATH (Enter only PART I. DEATH WAS CAUSED	one couse per line for (o), (b)	ond ics	min	ATE broding	APPROXIMATE INTERS
		HIDO		W M	gownena	marche	N
		Conditions, if ony, which	DUE TO, OR AS A CONSE		110 1deas	T Hailuso	
		gove rise to immediate couse (a), stating the	DUE TO, OR AS A CONS		1	- June	
		underlying couse lost	10 lard	w Kell	minasy	assest -	
	Z	PART 2 OTHER SIGNIFICANT CO	ONDITIONS CONTRIBUTING	TO DEATH BUT	NOT RELATED TO THE TER	MINAL DISEASE OR CONDITION	GIVEN IN PART 110
	CERTIFICATION	190 DATE OF OPERATION	19b CONDITION FOR WH	ALCH OPERATIO	N WAS PERFORMED	20a AUTOPSY? 20b.	IF YES, WERE FINDINGS USED
9	TIFIC	V					ERTIFYING CAUSES OF DEAT
		210 ACCIDENT WAS UNDERLYING	21b. TIME OF INJURY HOUR A.M. MONTH	DAY YEAR	21c HOW INJURY OCCUP	RRED (ENTER NATURE OF INJURY IN ITE	M 18 PART I OR PART 2)
71	MEDICAL	OR CONTRIBUTING CAUSE OF DEATH (IF EITHER NOTIFY MEDICAL EXAMINER)	P.M.	19			
	MED	21d INJURY OCCURRED WHILE NOT WHILE AT WORK	21e. PLACE OF INJURY (AT HOME STREET FACTORY OFF	CE, FARM, ETC.)	211 LOCATION STREET	CITY OR TOWN	COUNTY
		220 I certify that (I) (this haspita	al) attended the deceased fro	om Turk	2-10 10 8	2 10 June 15	5, 19. 82, that (1) (w
		sow the deceased alive on above, (I) (we) (did) (did not)	Tune 15	57.3	nd that in (my) (our) apinion	death accurred on the date and	
		22b. SIGNATURE	New me body oner deam.	0. 0	DE CONTRACTOR	WEDICAL CTARS	224 DATE SIGNED
		Jus	queig 1	alaa	PHYSICIAN	MEDICAL STAFF	0 6/15
		22d PHYS CIAN S AAME (IIII ON	The of man	naine	Qo. II	BUT as and	Cou Hara
4	73a B	URIAL, CREMATION, REMOVAL	ZA DATE	40/05	EMETERY OR CREMATORY	123d LOCATION	Gen. HOSP
	(1	Removal	6/15/82	IST NAME OF C	EMETERY OR CREMATORY	CITY OR TOWN	COUNTY
2	24 FU	NERAL DIRECTOR			250 DA	TE REC'D. BY REGISTRAR 356 DE	
	An	atomy Board	Balto.	Md.	,	JON 181886 (sences fam la

STATE OF MARYLAND

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THE LAND STATE OF LITTLE

Schimunek Funeral Home

3331 Brehms Lane, Balto, Md2121

- STATE

DHMH - 16 50M 1/81 (VRA 15, 4)

REGISTRAR DECEASED NAME

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE 🔀

CERTIFICATE OF DEATH

20 DATE OF DEATH

IF UNDER I YEAR

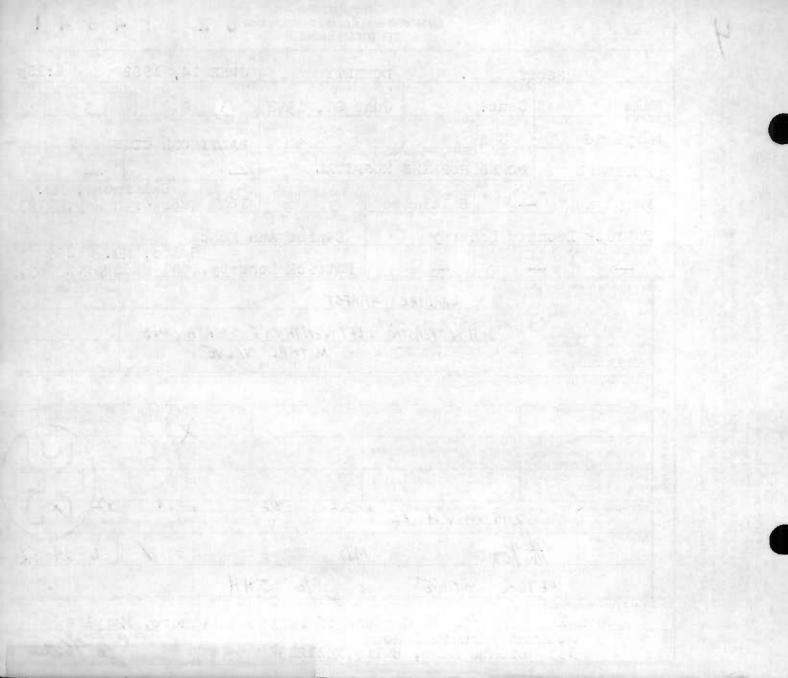
12b. KIND OF BUSINESS OR

APPROXIMATE INTERVAL

COUNTY

Marvland

STATE



1721

N. MONROE ST.

- STATE

REGISTRAR

24 FUNERAL DIRECTOR

ENAL. PHILLIPB

MH - 16 50M 1/81

(VRA 15, 4)

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

CERTIFICATE OF DEATH

11

82

126. KIND OF BUSINESS OR

MANNING

APPROXIMATE INTERVAL

NO IT

22c. DATE SIGNED

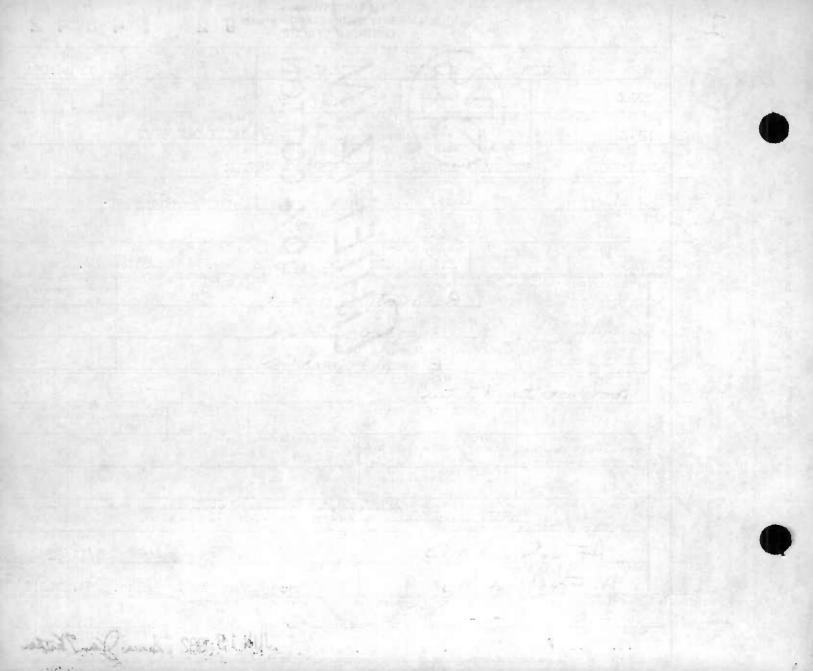
6/11/82

MARYLAND

IF UNDER TYEAR

INDUSTRY

6:00A M



CERTIFICATE OF DEATH

DEPARTMENT OF HEALTH AND MENTAL HYGIENE &

DHMH - 16 50M 1/81 (VRA 15, 4)

FOR

STATE

Duda-Ruck, Inc. 7922 Wise Avenue Dundalk, MD.

Baltimore Maryland 250 DATE REC'D. BY REGISTRAR 256 REGISTR.

2b HOUR

17h, KIND OF BUSINESS OR

Beth. Steel

MD. 21219

Webb

IF LINDER LYEAR

INDUSTRY

COUNTY

22r. DATE SIGNED

6/10/82

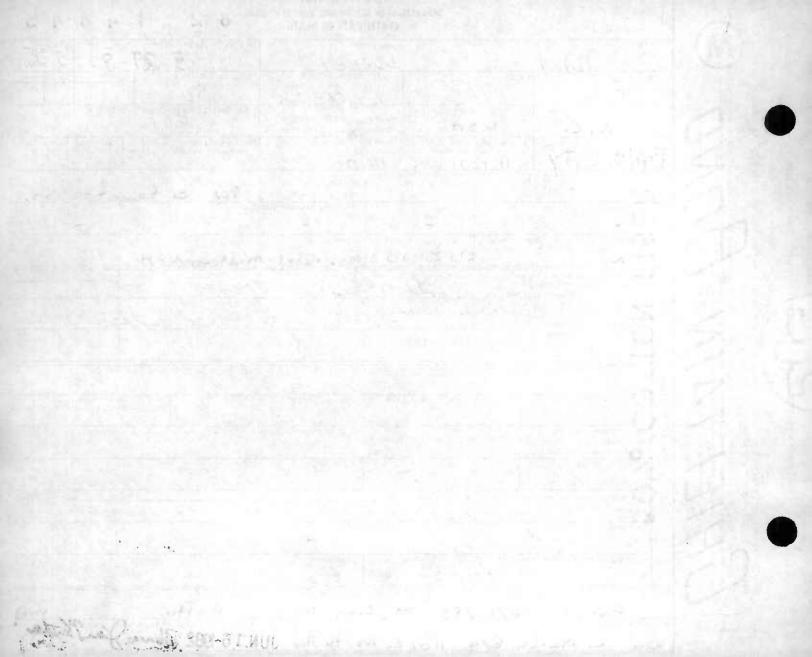
STATE

A SECTION OF THE PROPERTY OF T

nH]	FOR STATE REGISTRAR	DEPA	STATE OF MARYLAND RTMENT OF HEALTH AND MENTAL HYG CERTIFICATE OF DEATH	SIENE 8 2 1	4844
	DECEASED NAME FIRST (TYPE OR PRINT)	WIDDLE	LAST Ca	7 10	1982 M
eost eost	Leo	4 RACE	Donan, Sn.	June 18,	1902 M
(M)	Male	White	MONTH DAY YEAR SEPT. 24, 1920	61 YRS. N	MONTHS DAYS MOURS MIN
Section 1	OBERTHPLACE (STATE OR FOREIGN COUNTRY) Indiana	76. CITIZEN OF WHAT COUNTI USA	MARRIED NEVER MARRIED WIDOWED DIVORCED	Baltimore City <u>or</u> County Baltimore (i	ty MD.
s after to by the filed with anathlied	Baltimore	3013 Janice	Avenue, 21230	120 USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKING LIFE RET. BY C. C.	176 KIND OF BUSINESS OR INDUSTRY Foreman
filled ould b	USUAL RESIDENCE (IF NURSING HOME OR 130 STATE 13b. COUN Mary Land —	other institution, give residence by 13c City Or T- Battin	none 13d Inside City Limits?	130. STREET ADDRESS 3013 Janice A	venue, 21230
mpletely and 2 sh	Peten	Joseph Dono		MIDDLE	Lyman
ificate be executed within physician and campletely papers. Pages 1 and 2 showol.	(YES NO OR UNKNOWN) (IF YES GIVE	med forces? 166. SOCIALS was or dates) 316–07	ECURITY NO. 17 INFORMANT 7-8227 Leo E. Donar	n, In. Same as:	#13 APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
301 W. PRESION SI	Conditions, if any, which gave rise to immediate cause (a), stating the underlying cause lost. PART 2 OTHER SIGNIFICANT OF THE CONTROL OF TH	DUE TO, OR AS A CONSE (b) DUE TO, OR AS A CONSE (c) CONDITIONS CONTRIBUTING	OUENCE OF	AINAL DISEASE OR CONDITION GIV	EN IN PART I(a)
n ne law r ne law r ne law r ne permit.	190. DATE OF OPERATION 170. ACCIDENT WAS UNDERLYING	196. CONDITION FOR WH	ICH OPERATION WAS PERFORMED	YES NO YE	S, WERE FINDINGS USED YING CAUSES OF DEATH? S NO
(O PHYSICIAN: The lo offending physician. ter this certificate has s the burial-transit per tond Mental Hygiene riked or Item 18 stows.	OR COLUMNIC CALLER OF DE	HOUR A.M. MONTH	DAY YEAR	RED (ENTER NATURE OF INJURY IN ITEM 18, P	ART I OR PART 2)
DING PHYS or attendin After this can the buy alth and Me marked or I	OR CONTRIBUTING CASE OF THE CA	21 e. PLACE OF INJURY (AT HOME, STREET, FACTORY, OFF	FICE, FARM, ETC.)	CITY OR TOWN	COUNTY STATE
TTENDI pital or TOR: A for use of Heal	certify that () this hesp ship to deceased sind or above (1) we) (pid (ide to	that you have the body after death	9 82, and that i (my) (aur) apinian	death accurred on the date and hou	
OR he he	PR SHATURE MAS	DI V	DEGREE ATTENDING PHYSICIAN 1220 ADDRESS	MEDICAL STAFF DIRECTOR PHYSICIAN	6/21/80
TO HOSPITAL TO FUNERAL should be det with the Store	224 PHYSICIAN'S NAME (TYPE OF	ORIFE THE	U Sr. Ho		L
5/12 BP	230. BURIAL, CREMATION, REMOVAL (SPECIFY) Burial	6/22/1982	231 NAME OF CEMETERY OR CREMATORY Cedan Hill Cemetery	Balto., A. A.	COUNTY Md. STATE
DHMH - 16 25M (VR A 15 (4)) 9/74	24 FUNERAL DIRECTOR Modully Funeral	Home 237 (.)	atapsco Ave.,	JUN 2 2 1982	

Supposed to the party of the same of the s The second secon DOLLA TO CREPINE OF HOUSE HEAD

				STAIL	OF MARYLAND			
	FOR STATE	AD	DEPA		ALTH AND MENTAL HY	0 4	1 4 8	4
(1)	REGISTR DECEASED N		WIDDLE		S1	REG. No.	O. MONTH DAY YEAR	26 HOUR
	TYPE OR PRINT)	MARY		Doe	SEY	9	-29-92	5 35
3.	SEX	-	4. RACE	5. DATE O		6 AGE (IN YEARS LAST BIR		F IF UNDER 24
	. 1		N	MONTH	- 01- 12	70	YRS. DAYS	HOURS
10 To	BIRTHPLACE	(STATE OR FOREIGN	76 CITIZEN OF WHAT COUNT	RY? 8 MARRIED	□ NEVER MARRIED □	9. BALTIMORE CITY O	R COUNTY OF DEATH	
% Y	CITY OR TO	WN OF DEATH	11. NAME OF HOSPITAL, NU	WIDOWE	DIVORCED [12a. USUAL OCCUPATI	Cul	
O Post	BALT	City	(IF NOT IN SUCH FACILITY, GIVE ST	TREET ADDRESS	me ,	(TYPE OF WORK FOR MOST C		OF BUSINESS
200	SUAL RESIDER	ICE (IF NURSING HOME O	OR OTHER INSTITUTION, GIVE RESIDENCE B	EFORE ADMISSION)	13d. INSIDE CITY LIMITS?	13e. SIREET ADDRESS		
20	140	1	BK	7140	YES NO	901 E.	Fayett	2 50
Now In	L FATHER'S N.		MIDDLE LAST		15. MOTHER'S MAIDEN N	AME	L	AST
medicoles (WAS DECE	ASED EVER IN U.S. A	RMED FORCES? 166 SOCIAL S	SECURITY NO.	17. INFORMANT	ADDRE	55	
ne u		00	215 28	5495 A	ms. Pearl-	midtown A		
it, th	18 CAUS	E OF DEATH (Enter o	only one couse per line to 0, (b)), and (c).)	1 1-	Az 1	BETWEEN	XIMATE INTERV.
ever			ATE CAUSE (0)	LWT.	proton	1, sel		
or	13	60	DUE TO, OR AS A CONSE	OVENCE OF	12/	6100	11/11.	
fraum		ns, if ony, which	(b)	11/10	Keep a of	pur Goll	Lodge	
er tr		se to immediate (a), stating the	DUE TO, OR AS A CONSE	OUENCE OF	U			
r othe	underlyi	ng couse lost.	(c)			ALL REPORT		
y, ar	PART 2. 0		(Ic)	TO DEATH BUT	NOT RELATED TO THE TER	MINAL DISEASE OR CON	DITION GIVEN IN PART 1	(0)
y, ar	PART 2. 0	OTHER SIGNIFICANT						
any injury, ar	PART 2. 0		(c)CONDITIONS CONTRIBUTING			MINAL DISEASE OR CON	DITION GIVEN IN PART 1 20b. IF YES, WERE FIND IN CERTIFYING CAUSE	INGS USED
prior ta burial any injury, ar	PART 2. 0	OTHER SIGNIFICANT	19b. CONDITION FOR WH		N WAS PERFORMED	200 AUTOPSY? YES NO	206. IF YES, WERE FIND IN CERTIFYING CAUSE YES [INGS USED
Hygiene prior ta burial 18 shows any injury, ar	PART 2. C	OF OPERATION	196. CONDITION FOR WE	HICH OPERATION	N WAS PERFORMED	200 AUTOPSY?	206. IF YES, WERE FIND IN CERTIFYING CAUSE YES [INGS USED S OF DEATH
Hygiene prior ta burial 18 shows any injury, ar	PART 2. C	OTHER SIGNIFICANT	196. CONDITION FOR WE 216. TIME OF INJURY HOUR A.M. MONTH	HICH OPERATION	N WAS PERFORMED	200 AUTOPSY? YES NO	206. IF YES, WERE FIND IN CERTIFYING CAUSE YES [INGS USED S OF DEATH
Mental Hygiene prior to burial or them 18 shows any injury, ar	PART 2. C	OF OPERATION DENT WAS UNDERLYING [IBUTING] CAUSE OF DE	19b. CONDITION FOR WE 21b. TIME OF INJURY HOUR A.M. MONTH P.M. 21e. PLACE OF INJURY	DAY YEAR	N WAS PERFORMED 216 HOW INJURY OCCU 211 LOCATION	200 AUTOPSY? YES NO	20b. IF YES, WERE FIND IN CERTIFYING CAUSE YES THE TEM 18 PART 1 OR PART 2	INGS USED S OF DEATH NO
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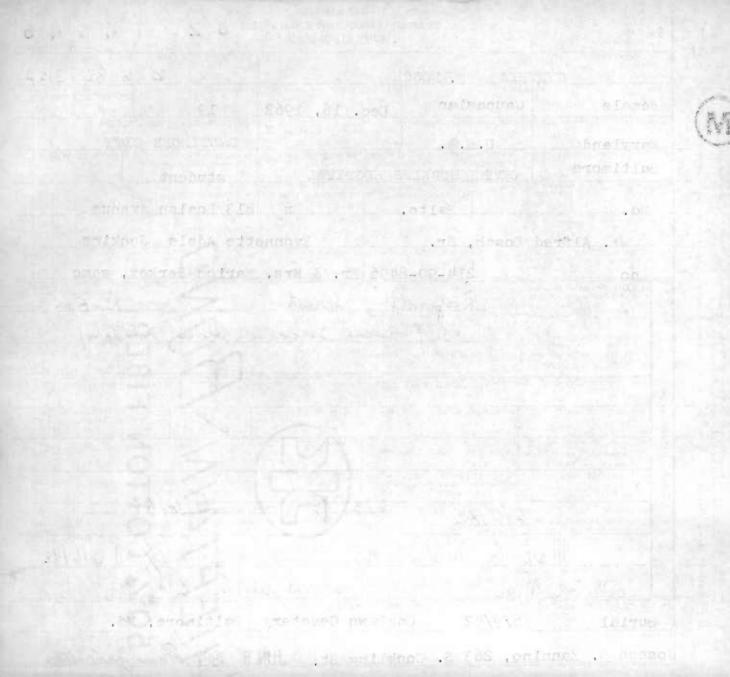
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DHMH - 16 50M 1/81 (VRA 15, 4)

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

	1 -	FOR STATE REGISTRAR	DEPARTM		HEALTH AND MENTAL HYG FICATE OF DEATH	IENE 8 2	1 4 8	4 6		
		CEASED NAME FIRST	MIDDLE		LAST	20 DATE OF DEATH MONTH	DAY YEAR	2b HOUR		
	(type	CYNT	HIA M. DOSC	6	6 82	215 AM				
	3. SE>		1 RACE	5. DATE	OF BIRTH	6 AGE (IN YEARS LAST BIRTHDAY)	IF UNDER 1 YEAR			
	F	emale	Caucasian	Dec	2/ 20/0	19	MONTHS DAYS	HOURS MIN.		
			76 CITIZEN OF WHAT COUNTRY?	В.	D NEVER MARRIED X	9. BALTIMORE CITY OR COL				
5		arvland	II.S.A.	WIDOW		BALTIMORE	CITY	MD.		
	10. CI	TY OR TOWN OF DEATH	11. NAME OF HOSPITAL, NURSIN	G HOME		12a USUAL OCCUPATION	12b KIND (OF BUSINESS OR		
3	В	altimore	JOHNS HOPKIN		SPITAL	student	ING (IFE) INDUSTRE			
5	13a S	AL RESIDENCE (IF NUR COUNTAINE)	OTHER INSTITUTION GIVE RESIDENCE BEFORE	admission) N	113d. INSIDE CITY LIMITS?	13e STREET ADDRESS 813 Loalan	Avenue			
	14 FA	THER'S NAME	WIDDLE LAST		15. MOTHER'S MAIDEN NA					
		Wm. Alfred			Yvonne		Jenkins	.51		
		VAS DECEASED EVER IN U.S. ARA		RITY NO.	17 INFORMANT	ADDRESS				
2	14	(IF YES, GIVE	274-90-	34.96	Mr. & Mrs.	Marion Berk	cey, sam	е		
	N	Conditions, if any, which gove rise to immediate cause (a). Due to, or as a consequence of translation of the underlying cause lost. Due to, or as a consequence of translation of the underlying cause lost. Due to, or as a consequence of translation of the terminal disease or condition given in Part 11a.								
	CERTIFICATION	19a DATE OF OPERATION	196 CONDITION FOR WHICH	OPERATIO	DN WAS PERFORMED	200 AUTOPSY 20b. IN C	IF YES, WERE FINDI	INGS USED S OF DEATH?		
7		21a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEA		Y YEAR	21¢ HOW INJURY OCCUR	RED (ENTER NATURE OF INJURY IN ITE	M 18 PART I OR PART 2)			
	MEDICAL	21d INJURY OCCURRED	21e. PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE, F	ARM, ETC.)	21f. LOCATION STREET	CITY OR TOWN	COUNTY	STATE		
	2	AT WORK NOT WHILE AT WORK			1 1 57	11/1	47			
	100	220. I certify that (1) (this haspital satisfied the deceased from								
		22d. PHYSICIAN'S NAME (TYPE OF	R PRINT)		22e ADDRESS	01:	1 1			
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	(BURIAL, CREMATION, REMOVAL SPECIFY) BUrial		-	wn Cemetery	Baltimore	Md.	STATE		
	24 FU	JNERAL DIRECTOR	ADDRESS		25a DAT	E REC'D. BY REGISTRAR 25b. RI	EGISTRAR'S SIGNA	TURE		
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5	1 - STATE REGISTRAR DEPARTMENT OF HEALTH AND MENTAL HYGIENES 2 1 4 8 4 8
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of the thorn of worth of	N.C. USA WIDOWED DIVORCED DATIMOTE TO MOTE AND. OR TOWN OF DEATH 11. NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION (IF NOT INSUCH FACILITY, GIVE PIREET ADDRESS) Altimore TYDYSOCH FACILITY, GIVE PIREET ADDRESS)
LAND 2120	TSUAL RESIDENCE IF NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) IN STATE 136 COUNTY
MARY MARY MARY	14 FATHER'S NAME FIRST MIDDLE LAST Craig Douglas Lizzie
MORE, prescription of execut	160. WAS DECEASED EVER IN U.S. ARMED FORCES? (YES, NO OR UNKNOWN) (FYES, GINE WAR OR DATES) 160 SOCIAL SECURITY NO. 17 INFORMANT ADDRESS 213-07-4061 Ruby Douglas 3800 W. Belvedere Ave.
goines that the death certifications by the attention play the please remove carbonals to burnel a semantic event squay, or other traumatic event	PART I. DEATH WAS CAUSED BY 1278 Conditions, if any, which gave rise to immediate cause (a). DUE TO, OR AS A CONSEQUENCE OF ART STATE OF THE CONSTRUCTION OF THE CONSTRUCTION OF THE CONSTRUCTION OF THE CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a).
DIVISION OF VITAL RECOR MATERIANG PHYSICIAM. The fow-re- hospitol or attending physician. RECTOR: After this certificate has been hed for use in the burshi transit permit. It might at Health and Mental Hygiene phine Bern 21 is marked as tem 18 shape any in	196 CONDITION FOR WHICH OPERATION WAS PERFORMED 196 CONDITION FOR WHICH OPERATION WAS PERFORMED 206 AUTOPSY? 206 IF YES, WERE FINDINGS USED INCERTIFYING CAUSES OF DEATH? YES NO YES
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DHMH - 16 60M 1/75	Burial 7/3/82 Arbutus Mem. Pk. Baltimore Co MD 4 FUNERAL DIRECTOR 250. DATE REC'D. BY REGISTRAR'S SIGNAM Wm. AME C. March F/H 1101 E. North Ave. MIN 204082

STATE OF MARYLAND

James -13 Doglas 6 25 52.47 BALLARDECCES BAILMORE PRODUCT HEPPIN

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I. DECEASED NAME

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STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE &

CERTIFICATE OF DEATH

LAST

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2a. DATE OF DEATH

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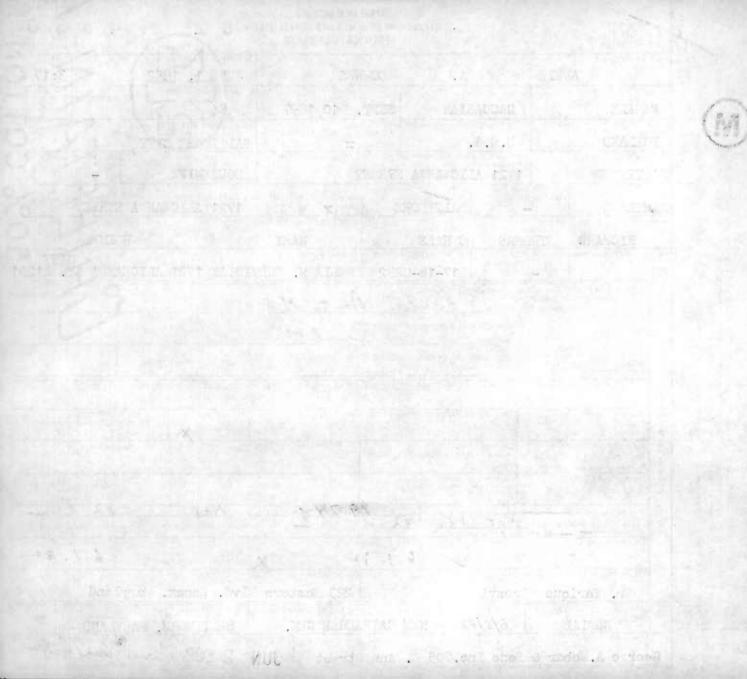
George A. Weber & Sons Inc. 705 S. Ann Street

- STATE

DHMH - 16 50M 1/81 (VRA 15, 4) REGISTRAR

STATE OF MARYLAND
DEPARTMENT OF HEALTH AND MENTAL HYGIENE

CERTIFICATE OF DEATH



STATE OF MARYLAND
DEPARTMENT OF HEALTH AND MENTAL HYGIENE

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DIVISION OF VITAL RECORDS,

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N		REGISTRAR		CERTIFICATE OF DEATH	REG. NO	14852
2 4 5 5		CEASED NAME FIRST FIRST	ncis MIDDLE Timo	thy istDoyle, Jr.	2ª DATE OF DEATH	MONTH DAY YEAR 26 HOUR 324 M
(M)	1 5E	×	RACE White	5. DATE OF BIRTH MONTH DAY YEAR 20 41	6. AGE (IN YEARS LAST BIRT	YRS DAYS HOURS MIN.
35	Ja-B	IRTHPLACE (STATE OR FOREIGN 7) COUNTRY) USA	CITIZEN OF WHAT COUNTRY	8. MARRIED NEVER MARRIED WIDOWED DIVORCED	9. BALTIMORE CITY OF	COUNTY OF DEATH
by th	10 C	BALTO.	1. NAME OF HOSPITAL, NURSI (IF NOT IN SUCH FACILITY, GIVE STREE MERCY	NG HOME OR OTHER INSTITUTION ADDRESS)	120 USUAL OCCUPATION (TYPE OF WORK FOR MOST OF	WORKING LIFE INDUSTRY
auld be in	13a	AL RESIDENCE (IF NURSING HOME OR O'STATE	HER INSTITUTION GIVE RESIDENCE BEFORE 130 CITY OR TOV	E ADMISSION]	13e STREET ADDRESS	Selman Pt Rd
d 2 sh	14 F/	ATHER'S NAME FIRST MI	DDIE LAST	15 MOTHER'S MAIDEN N.	AME MIDDLE	Cours - will Ast
Pages I on medical es	16a \	WAS DECEASED EVER IN U.S. ARMI	ED FORCES? 166 SOCIAL SEC		ADDRE	SS 334 Edgewarter Rd
0 % 0		Yesnik Prace	Time 18-38	-6965 JANICE	a DOYLE	PASILJENHW
pap pap nave		18 CAUSE OF DEATH (Enter only PART I. DEATH WAS CAUSED	BY		+	BETWEEN ONSET AND DEATH
6000		1479 IMMEDIATE	DUE TO, OR AS A CONSEQU			7.177
mave carb		Canditians, if any, which	(16) SEPS 1S		+ 13500	he
crem other		gave rise to immediate cause (a), stating the underlying cause last	DUE TO, OR AS A CONSEQUE	4.1	so-hour	2 2460
Then plea r ta burial injury, ar t	z	PART 2 OTHER SIGNIFICANT CO		DEATH BUT NOT RELATED TO THE TER	MINAL DISEASE OR COND	DITION GIVEN IN PART 1 64
ti in the	CERTIFICATION	190. DATE OF OPERATION	196 CONDITION FOR WHICH	OPERATION WAS PERFORMED	200 AUTOPSY?	206. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH?
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Mental Hy or Item 18		OR CONTRIBUTING CAUSE OF DEATH	HOUR A.M. MONTH D	AY YEAR		
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of of om 21		sow the deceased alive an abave, (1) (we) (did) (did nat)	12 / 4	DEGREE	n death accurred an the da	te and haur and Iram the causes stated
Tate Dep		Annes	8 Grendle	MID ATTENDING PHYSICIAN	MEDICAL STAF	F . 1 1/2 /2 2
should be det with the State IMPORTANT:	- (228. PHYSICIAN'S NAME (TYPE OR P	PONELL	22e ADDRESS	4 HOSP 111	72
ohs om	23 a	BURIAL, CREMATION, REMOVAL	-1	NAME OF CEMETERY OR CREMATORY	23d LOCATION	COUNTYSTATE
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50M 1/81 5, 4)		Mc Cully Funeral	Home Mt. 2000	2/122 250. DA	IN 3 1982	Many of
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D DEPARTMENT OF HEALTH AND MENTAL HYGIENE

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-	1.	FOR STATE REGISTRAR			DEPART		EALTH AND	MENTAL HYG DEATH	IENE 8	REG. NO.	1 '	4 8	5 3	5
6		CEASED NAME	FMST	٨	AIDDLE		AST .		20. DATE OF	DEATH M	ONTH DA	Y YEAR	26 HOUR	
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	1	MALE		WHITE	2	05	02	37	U.S.	45	YRS	NIHS DATS	HOURS .	MIN.
j	Ju. Bil	RTHPLACE (STATE OR	FOREIGN 7b	-	WHAT COUNTRY?	8			9. BALTIMO	RE CITY OR		F DEATH	. (2)	1
5		ARYLAND		U.S.A	A .	WIDOWE	_	MARRIED	BA	LTIMOR	E CIT	Y		MD.
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U		ALTIMORE		5	ST. AGNES	HOSF	ITAL			K FOR MOST OF V	VORKING LIFE)	ENGIN	EERIN	G
p		AL RESIDENCE (IF NUR	135 COUNTY		GIVE RESIDENCE BEFOR		13d INSIDE	CITY LIMITS?	13e. STREET	ADDRESS				
9	M	ARYLAND			BALTIMOR		YES 🔀	NO 🗌			N STR	EET, 2	1223	
A	14 FA	ATHER'S NAME	AA II	DDLE	LAST		15. MOTHER	'S MAIDEN NA/	ME	WIDDLE		LAST		
U		LEO	PM II,		DOYLE			HILDA		WIDDLE		KAL		
		VAS DECEASED EVER			166 SOCIAL SECU	JRITY NO.	17. INFORM	ANT		ADDRES	S			
	(1)	YES	196	-	215-34-	-9461	RICHA	RD G. D	OYLE	2221 A	SHTON	ST.,	21223	
1		18 CAUSE OF DEAT	H (Enter only	one cause per			1						MATE INTERVA	
		PART I. DEATH V	VAS CAUSED I	BY:	MHOCA		1. 1	NFAR	ctio	N		50	mi	
	20	4/01)								C VIII			
		Conditions, if any	, which	(16)	R AS A CONSEOU	ENCE OF								
		gove rise to im	mediate										11/6/	
		underlying cause		DUE TO, OF	r as a conseou	ENCE OF								
	8 -	PART 2 OTHER SIG	NIFICANT CO	NDITIONS CO	ONTRIBUTING TO	DEATH BUT	NOT RELATE	D TO THE TERM	INAL DISEAS	E OR CONDI	TION GIVEN	V IN PART 1 o	BRAIN	1510
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1)	CERTIFICATION	190. DATE OF OPERA	TION	19b. CONDI	TION FOR WHICH	OPERATIO	N WAS PERF	DRMED	20a AUTO			WERE FINDIN		_
4	Ţ								YES	NOTA	YES	NG CAUSES	NO T	7
2	CER	21a. ACCIDENT WAS UN		21b. TIME O			21c. HOW II	VJURY OCCURE	RED (ENTER NA	TURE OF INJURY	IN ITEM 18 PAR	T OR PART 2)	_	
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į		225. SIGNATURE	ala) (ale loi) v	new the body	diter death.		DEGREE					22c. DATE	SIGNED	
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-	23a B	BURIAL, CREMATION	7	73b DATE	231	NAME OF C		GNES HO	123d LOCA		S. CA	TON AW	LINUE	
	- (SPECIFY)	,				DON PAI		CITY	ORTOWN		COUNTY	ARYLAI	ND.
		BURTAL JNERAL DIRECTOR		06-09	-62	LUU		1	E REC'D. BY R	TIMORE REGISTRAR 25	b. REGISTA			ND _
		NAME			ADDRESS		21229		0.46	200		1/2 0/	The Ros	

INC.

HUBBARD FUNERAL HOME.

4107 WILKENS AVE

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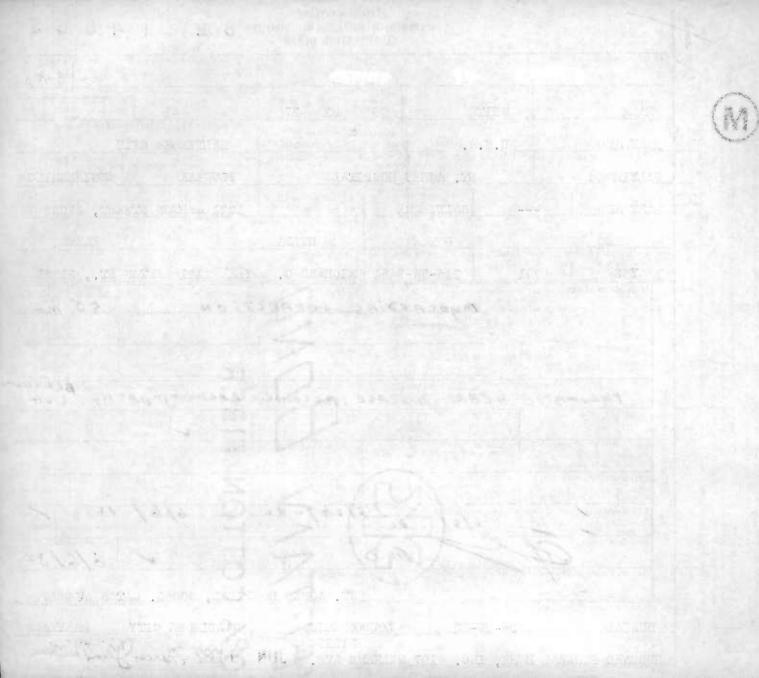
DHMH - 16 50M 1/81 (VRA 15, 4)

OR ATTENDING PHYSICIAN: The low

etoined by the hospital

TO FUNGRAL DIRECTOR. After this certificate has been signed by the ottending physician and completely filled in by the should be detached for use as the burial-transit permit. Then please remove corbangopers. Pages 1 and 2 should be filled with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or remayal.

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OR ATTEN he haspital DIRECTOR, ached for un Dept. at He		above, (I) (we) (ald) (did/no	at) view the body after death.	DEGREE	ATTENDING M	EDICAL STAFF	22c. DATE	
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STATE OF MARYLAND

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TO FUNERAL DIRECTOR. After this certificate has been signed by the ottending physic should be detached for use as the burial-transit permit. Then please remove carban paper with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

IMPORTANT: If Hem 21 is marked or Hem 18 shows any

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STATE OF MARYLAND

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1	1	RTHPLACE (STATE OR FOREIGN COUNTRY) Maryland	U.S		WIDOWE		Baltimore CITY OR COU		MD
Z	B	altimore	(IF NOT IN CUC)	rey Hospi	tal	DR OTHER INSTITUTION	Office Worker		OF BUSINESS OR
5	Ma	AL RESIDENCE (IF NURSING HOME) STATE 13b CO LTYLAND ATHER'S NAME FIRST	MIDTLAWder	GIVE RESIDENCE BEFORE AI 13c. CITY OR TOWN Baltimen		13d. INSIDE CITY LIMITS? YES NO 1 15. MOTHER'S MAIDEN NAMERS.	13e STREET ADDRESS John L. Des		Center
		VAS DECEASED EVER IN U.S. YES NO ORUNKNOWN) (IF YES	ARMED FORCES?	WD 180 2		17 INFORMANT Marguerite S	ADDRESS Stewart 1217	Union Av	venue
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	23a. B	BURIAL, CREMATION, REMOV	6/17/8			EMETERY OR CREMATORY Ty's Cemetery	Balto. (Ham	pden°)"	Maryland

DHMH - 16 50M 1/B1 (VRA 15, 4)

24 FUNERAL DIRECTOR
Burgee Funeral Home 3631 Falls Rd. 21211

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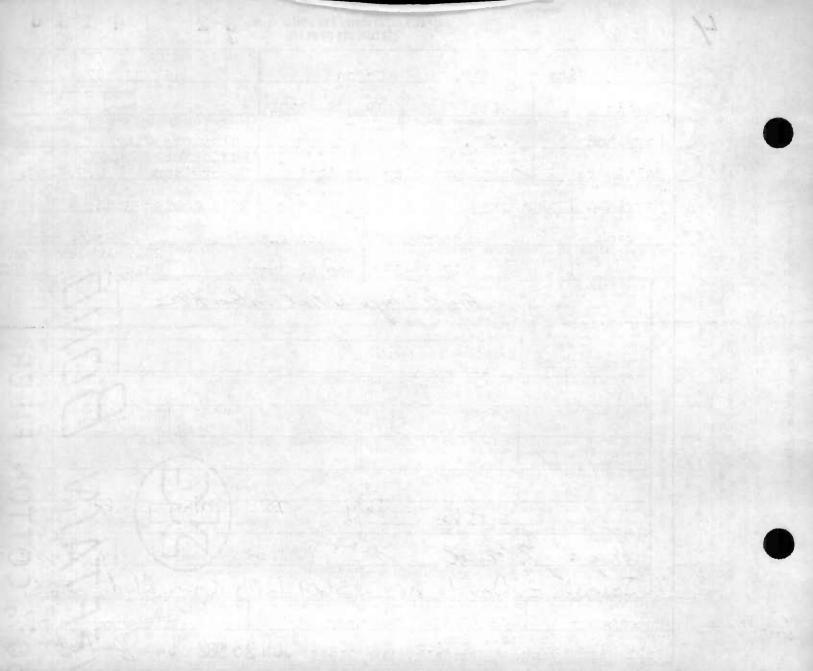
STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE & CERTIFICATE OF DEATH	2	1	4	8	5	7
CERTIFICATE OF DEATH	REG. NO.					

	REGISTRAR		TEAT.		CERTIF	ICATE OF DEATH	REG. N	10.		,
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DHMH - 16 50M 1/8 (VRA 15, 4)

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STATE OF MARYLAND FOR DEPARTMENT OF HEALTH AND MENTAL HYGIENE 34 - STATE CERTIFICATE OF DEATH REGISTRAR I. DECEASED NAME LAST 20. DATE OF DEATH MONTH 2h HOUR (TYPE OR PRINT) Rita Eagan 4 RACE DATE OF BIRTH 6 AGE (IN YEARS LAST BIRTHDAY) IF UNDER I YEAR YEAR White 10 1922 Female 20 59 A BIRTHPLACE (STATE OR FOREIGN **BALTIMORE CITY OR COUNTY OF DEATH** Th CITIZEN OF WHAT COUNTRY? MARRIED TO NEVER MARRIED Maryland U.S.A. Baltimore City WIDOWED DIVORCED | 10. CITY OR TOWN OF DEATH NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION ASSISTANTORKING LIFE) INDUSTRY 12b. KIND OF BUSINESS OR (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS) Baltimore City Hospital U.S.F.&G. Baltimore Supervisor USUAL RESIDENCE (IF NUR 13e. STREET ADDRESS 13d INSIDE CITY LIMITS? Baltimore Dundalk 2623 Ambler Road Maryland 4 FATHER'S NAME 15. MOTHER'S MAIDEN NAME MIDDLE Makowski Frank Antkowiak, Sr Victoria ADDRESS 2623 Ambler Road 160 WAS DECEASED EVER IN U.S. ARMED FORCES? (IF YES, GIVE WAR OR DATES) 217-18-3680 Leo L. Eagan Balto., MD. 21222 No APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH 18 CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c) PART I. DEATH WAS CAUSED BY DUE TO, OR AS A CONSEQUENCE OF Conditions, if ony, which gove rise to immediate couse (o), stating the DUE TO, OR AS A CONSEQUENCE OF underlying couse last PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110 190 DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED 20g. AUTOPSY? 20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? NO NO [21a ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY 216. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH (IF EITHER NOTIFY MEDICAL EXAMINER) P.M 21d. INJURY OCCURRED THE PLACE OF INJURY 211 LOCATION CITY OR TOWN COUNTY (AT HOME STREET, FACTORY, OFFICE FARM, ETC.) NOT WHILE 22a.1 certify that (1) (this hospital) attended the deceased from and that in (my) (our) opinion death accurred on the date and hour and from the causes stated saw the deceased alive an. above (1) (we) (did) (did not) view the body after death DEGREE 22c DATE SIGNED ATTENDING MEDICAL STAFF Should be detowith the State [DIRECTOR PHYSICIAN PHYSICIAN MPORTANT 22 PHYSICIAN'S NAME PE OR PRINT) 22e ADDRESS 230 BURIAL, CREMATION, REMOVAL 23¢ NAME OF CEMETERY OR CREMATORY 23d LOCATION 23b. DATE CITY OR TOWN 6/26/1982 Oak Lawn Entombment Baltimore Duda-Ruck, Inc appears DHMH - 16 50M 1/B1 (VRA 15, 4) 7922 Wise Avenue Dundalk, MD.



21212

4905 York Road Balto., Md.

(VRA 15 (4))

STATE OF MARYLAND

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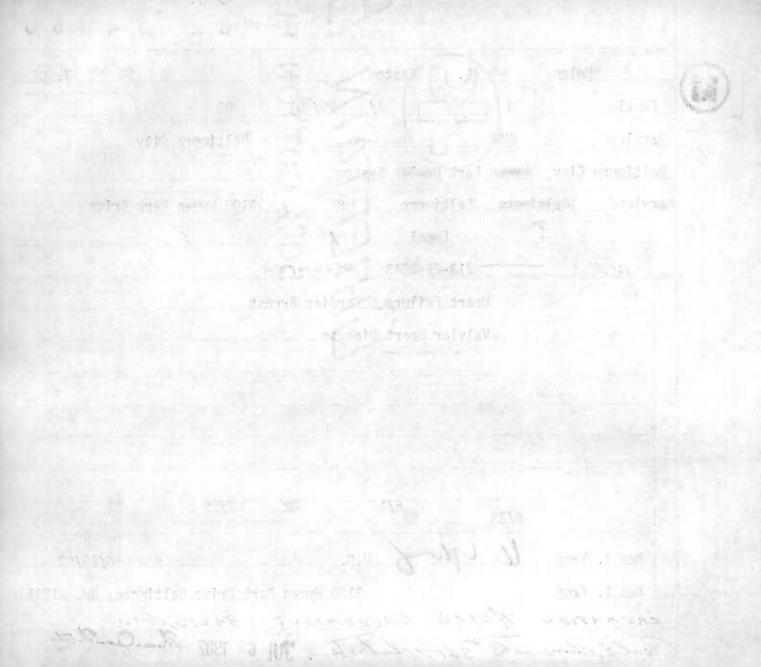
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REGISTRAR

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

CERTIFICATE OF DEATH

STATE



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STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

1.	FOR STATE REGISTRAR		DEPAR		EALTH AND MENTAL HYO	GIENE 8	2 REG. NO).	4	8	6	2
	CEASED NAME FIRST		MIDDLE	l	AST	2a. DATE C	OF DEATH	MONTH	DAY	YEAR	2b HO	UR
		HONY		EDMOND			June 17,1982 7:10A					
3 SE	X		5. DATE OF BIRTH			6 AGE (IN YEARS LAST BIRTHDAY) I UNDER I YEAR IF UND					R 24 HRS	
	Male Black			"5 "	26 58		24	YRS	MUNINS	DATS	HOURS	MIN.
	IRTHPLACE (STATE OR FOREIGN		WHAT COUNTRY	? 8 MARRIE	D NEVER MARRIED	9 BALTIMORE CITY OR COUNTY OF DEATH						
1	MD USA			WIDOWED DIVORCED								
10 C	ITY OR TOWN OF DEATH			ITAL, NURSING HOME OR OTHER INSTITUTION			128. USUAL OCCUPATION 12b. KIND OF BUSINESS OR (TYPE OF WORK FOR MOST OF WORKING LIFE) INDUSTRY					
	BALTIMORE		ION MEMO		OBPITAL					00111		
TUSUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION 130, STATE 135 COUNTY MD			Baltimore 13d INSIDE CITY LIMITS?			130 STREET ADDRESS 1522 Windemere Avenue						
14 F	ATHER'S NAME	MIDDLE	LAST		15 MOTHER'S MAIDEN NA	AME	MIDDLE		16-11	LAST	-1104	
Edward Upchu							Edmond					
	(AS DECEASED EVER IN U.S. ARMED FORCES? ES_NO OR UNKNOWN) (IF YES, GIVE WAR OR DATES)		166 SOCIAL SECURITY NO 17 INFORMANT				ADDRE:					
	No 215-72-0186 Annie Carroll 1522 Windemere Ave											
	18. CAUSE OF DEATH. Enter only one couse per line far (a), (b), and (c). PART I. DEATH WAS CAUSED BY:							8	BETWEEN ONSET AND DEATH			
	IMMEDIATE CAUSE (0) cardio - pulmonary acrest											
	DUE TO, OR AS A CONSEQUENCE OF											
	Conditions, if any, which gave rise to immediate	(b)_	grade	III a	strocytoma	brain				2mos.		
	cause (a), stating the underlying cause last DUE TO, OR AS A CONSEQUENCE OF											
	PART 2. OTHER SIGNIES AND CONDITIONS CONTRIBUTING TO DEATH BUT NOT BELATED TO THE TERMINAL DISEASE OR COMPLYIOUS DISEASE.							1501 101 6	1407 1		-	
Z	PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110											
CERTIFICATION	190 DATE OF OPERATION 196. CONDITION FOR WHICH				N WAS PERFORMED	20a AUTOPSY? 20b. IF YES, WERE FINDINGS					IGS USE	D
I H	4-27-82 brain tumor						RTIFYING CAUSES OF DEATH?					
E E	21a. ACCIDENT WAS UNDERLYING	216. TIME O	FINJURY		21c. HOW INJURY OCCUR					PART 2)	,,,,	
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\$	WHILE NOT WHILE AT WORK AT WORK			, FARM ETC)	214561	CITION TOWN				COUNTY STATE		
	270.1 certify that (1) (this haspital) attended the deceased from April 27, 1982 to June 17, 1982, that (1) (we) last											
	saw the deceased olive an											
	276. SIGNATURE DEGREE								22	22¢ DATE SIGNED		
	Clearles Feling MD ATTENDING MEDICAL STAFF PHYSICIAN DIRECTOR PHYSICIAN &								6	6-17-82		
	22d. PHYSICIAN'S NAME TTYPE C	OR PRINT)	0		22e ADDRESS							
	Charles	Schu	arz m	1D	Union Men	LOCIA	1 105	R.	130	Ito	N	6.
	BURIAL, CREMATION, REMOVAL	236 DATE	230	NAME OF C	EMETERY OR CREMATORY		CATION) 	COUNT	Α.		STATE
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DHMH - 16 50M 1/81 (VRA 15, 4)

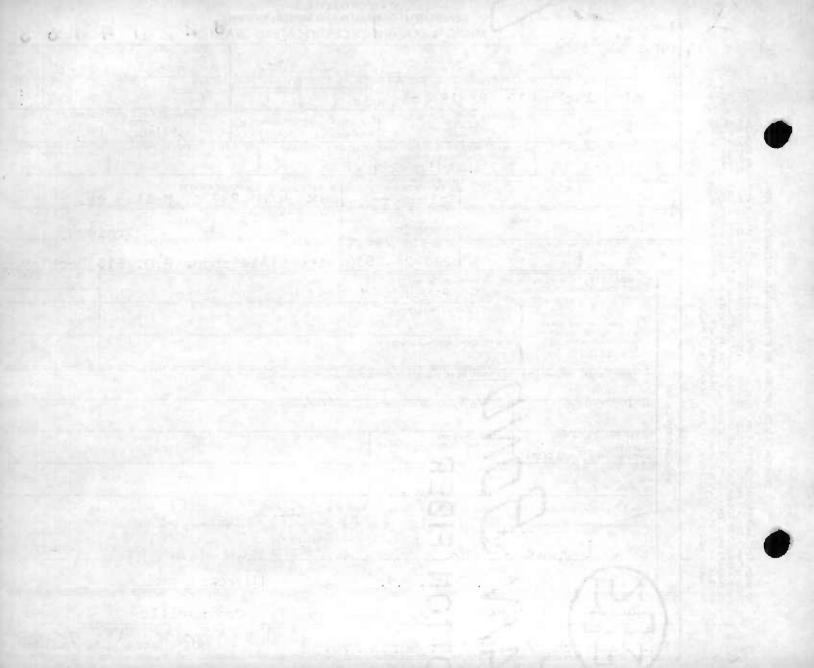
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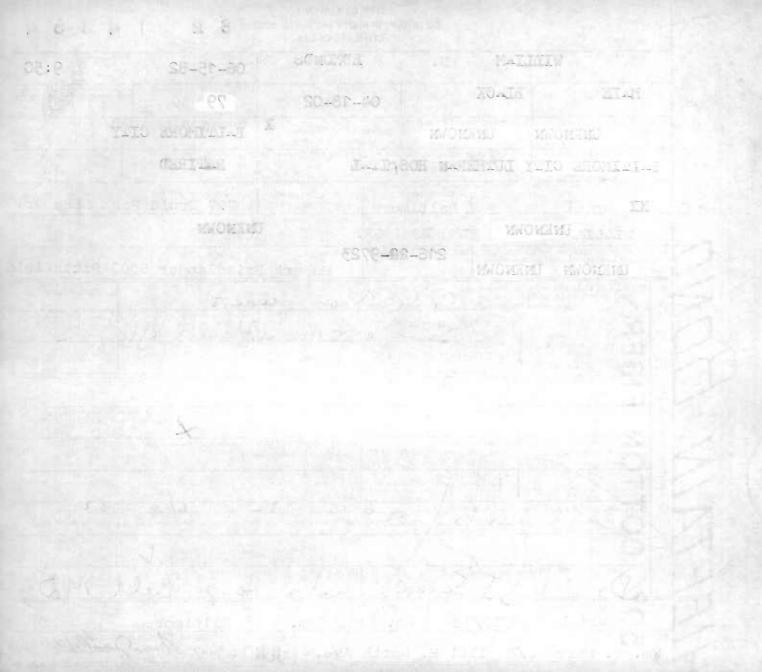
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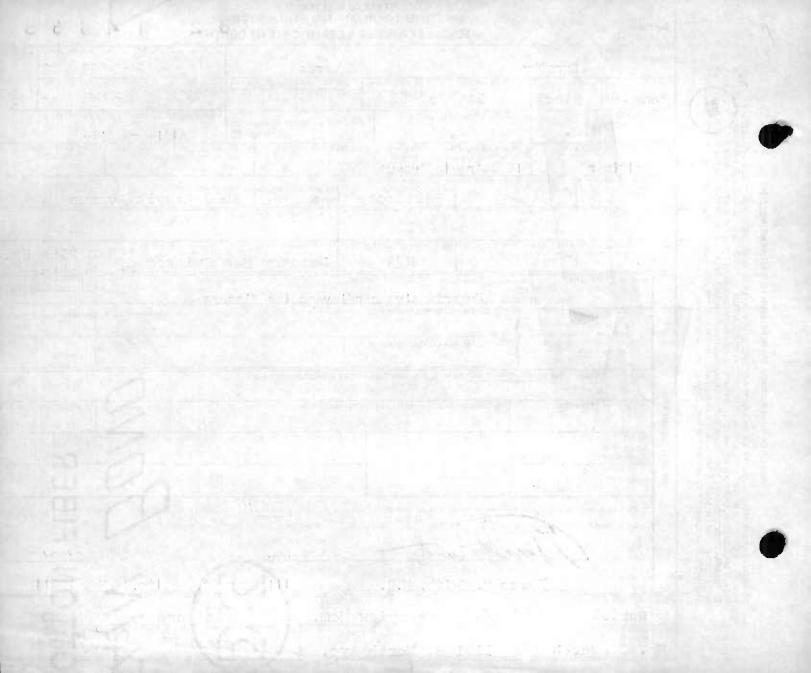
DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE REGISTRAR 1. DECEASED NAME 20. DATE KNOWN (TYPE OR PRINT) OF ESTI-W. Jr. ECTOR.
R FILES.
HOURS George 6 6 19 82 Edmonds 4 RACE DATE OF BIRTH & AGE LIN YEARS IF UNDER 24 HRS 2d HOUR DATE p:45 PRONOUNCED Black Male 10 18 63 1982 DEAD YR LOUNTRY? 9 BALTIMORE CITY OR COUNTY OF DEATH To BIRTHPLACE (STATE OR FOREIGN COLINTRY) MARRIED NEVER MARRIED & Va. USA Baltimore City. WIDOWED DIVORCED E PAGES 1, 2, AND 3 TO THE FORM, PM 3. RETAIL PAGE SES 1 AND 2 SHOULD BE FILE. ON OF VITAL RECORDS ID. CITY OR TOWN OF DEATH II. NAME OF HOSPITAL NURSING HOME, OR OTHER INSTITUTION 124 USUAL OCCUPATION (TYPE OF WORK 126 KIND OF BUSINESS OR INDUSTRY Baltimore Dallas Court USUAL RESIDENCE LIFTIN NURSING HOME OR OTHER INSTITUTION GIVE RESIDENCE BEFORE ADMISSIONS 13e. STREET ADDRESS 13a STATE 13b COUNTY 13d. INSIDE CITY LIMITS? Baltimore 287 S. Dallas Ct. YES X NO T MD 14. FATHER'S NAME 15 MOTHER'S MAIDEN NAME MIDDLE MIDDLE George I. PAGES I AND DIVISION OF VIT Edmonds Lula Traiwum 17. INFORMANT 160 WAS DECEASED EVER IN U.S. ARMED FORCES? IAL SOCIAL SECURITY NO. ADDRESS YES NO. OR UNKNOWN) 235-26-2556 Martha Alexander P.O. 515 Beckl IR CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) F MEDICAL EXAMINER ALONG WED AS A BURIAL - TRANSIT PERMIT. HEALTH AND MENTAL HYGIENE, DAL, CREMATION, OR REMOVAL. BETWEEN ONSET AND DEATH PART I DEATH WAS CAUSED BY Arteriosclerotic Cardiovascular Disease IMMEDIATE CAUSE (a) DUE TO, OR AS A CONSEQUENCE OF Conditions, if any, which gave rise to immediate cause (a) stating the under-DUE TO, OR AS A CONSEQUENCE OF lying couse last. PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH RUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (a) CERTIFICATION 196. DATE OF OPERATION 19h CONDITION FOR WHICH OPERATION WAS PERFORMED? 20. AUTOPSY? D BE FORWARDED TO THE CHIEF INECTOR: PAGE 3 SHOULD BE USED WITH THE STATE DEPARTMENT OF HEARYLAND, 21201 PRIOR TO BURIAL, DIVISION OF VITAL YES [710 EXTERNAL CAUSE WAS TIME OF INJURY 21c HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) HOUR A.M. MONTH DAY YEAR OR UNDERLYING MEDICAL CONTRIBUTING CAUSE OF DEATH 21e PLACE OF INJURY (ATHOME. 21f LOCATION 214 INJURY OCCURRED STREET, FACTORY, FARM, ETC.) STREET CITY OF TOWN STATE COUNTY WHILE NOT WHILE AT WORK TO MEDICAL EXAMINER: 1)
EXECUTE THE CERTIFICATE, 19 PAGE 4 SHOULD BE FORW
TO FUNERAL DIRECTOR: 9, AFTER DEATH, WITH THE SIT, BALLIMORE, MARYLAND, 2 X 22e I certify that I took charge of the remains described above, held an Inspection Autapsy Natural causes XX death resulted fram: Accident Undetermined manner TITLE (SPECIFY) ACTUAL 6-8-82 Assistant MEDICAL EXAMINER SIGNED EXAMINER'S NAME Virginia L. Dolan, M.D. III Penn Street 23d LOCATION 230. BURIAL, CREMATION, REMOVAL 236. DATE 23c NAME OF CEMETERY OR CREMATORY COUNTY STATE 6/14/82 Burial Md. Veteran Cem. Crownsville 24 FUNERAL DIRECTOR 250. DATE REC'D. BY REGISTRAR 256 REGISTRAR'S SIGNATURE **DHMH - 17** 1101 E. North Ave. Wm. C. March F/H (VR A15 ME (5)) 20M 4/B2

STATE OF MARYLAND





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STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE SA - STATE CERTIFICATE OF DEATH REGISTRAR REG. NO. I. DECEASED NAME 20 DATE OF DEATH 26. HOUR LIVPE OR PRINTI FLORENCE EDINARD! 6 AGE (IN YEARS LAST BIRTHDAY) BALTIMORE CITY OR COUNTY OF DEATH MARRIED | NEVER MARRIED DIVORCED [WIDOWED NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION 126 KIND OF BUSINESS OR GALAMORE SINGER 13a STREET ADDRESS 13d. INSIDE CITY LIMITS? NONE VIRGINIA AUE SE 14 FATHER'S NAME 17 INFORMANT WASh. D.C APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH 18 CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c)
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CEDTIFICATE OF DEATH

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DHMH - 16 50M 1/B1 (VRA 15, 4)

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MPORTANT: If Item 21 is

OAK LAWN CEMETERY

BURIAL 6/23/82

74 FUNERAL DIRECTOR

WALTER BROOKS BRADLEY, INC.

BALTIMORE

22 1982

AUR 2 2 1982

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DEPARTMENT OF HEALTH AND MENTAL HYGIENE 😭 - STATE CERTIFICATE OF DEATH REGISTRAR REG. NO DECEASED NAME LAST 20. DATE OF DEATH MONTH YEAR 2b. HOUR (TYPE OR PRINT) MOHAMED EISH EMAD JUNE 14 3 SEX 4 RACE 5. DATE OF BIRTH AGE (IN YEARS LAST BIRTHOAY) IF UNDER I YEAR YEAR Male July 6 1943 Egyptian To BIRTHPLACE (STATE OR FOREIGN 76 CITIZEN OF WHAT COUNTRY? BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED COUNTRY Egypt USA DIVORCED WIDOWED BALTIMORE CITY O CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION 12a USUAL OCCUPATION 12b. KIND OF BUSINESS OR IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS) TYPE OF WORK FOR MOST OF WORKING LIFE INDUSTRY RELEASED AS NOW MED BY DR BOLLAND BY THE JOHNS HOPKINS HOSPITAL Technologist US-govt BALTIMORE USUAL RESIDENCE (1) COUNTY 13c. CITY OR TOWN 13e STREET ADDRESS 13d INSIDE CITY LIMITS? Harford Maryland Edgewood 305 Kennard Avenue NO X 4 FATHER'S NAME 15 MOTHER'S MAIDEN NAME MIDDLE Mohamed Zakia Mohamed Hassan Eish ADDRESS 60 WAS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SECURITY NO. 17. INFORMANT OFF YES, NO OR UNKNOWN) (IF YES, GIVE WAR OR DATES) 014-48-6722 William C. Heyl, 1807 VanBibber Rd, Edgewood Yes 976-1979 APPROXIMATE INTERVAL 18. CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c).) EXAMINER S PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (o) DUE TO, OR AS A CONSEQUENCE OF Conditions, if ony, which gove rise to immediate couse (o), stoting the DUE TO, OR-AS A CONSEQUENCE OF underlying couse PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110 CERTIFICATION prior 90 DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED 20a AUTOPSY? 20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? NO I NO Mentol Hygi 210. ACCIDENT WAS UNDERLYING 216 NOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) 21b. TIME OF INJURY 8 HOUR A.M. MONTH DAY OR CONTRIBUTING CAUSE OF DEATH MEDICAL OF EITHER NOTIFY MEDICAL EXAMINER P.M 19 211 LOCATION 0 21d. INJURY OCCURRED 21e. PLACE OF INJURY CITY OR TOWN COUNTY STATE (AT HOME, STREET, FACTORY, OFFICE FARM, ETC.) orked NOT WHILE 22a.1 certify that (1) (this haspital) attended the deceased from ______ sow the deceased alive on June 14 87. and that in (my) our apinion death accurred on the date and hour and from the causes stated above, (I) (we) (did) (did not) view the body after death 22b. SIGNATURE DEGREE 22c. DATE SIGNED MEDICAL PHYSICIAN DIRECTOR PHYSICIAN should be det with the State MPORTANT: 22d. PHYSICIAN'S NAME (TYPE OR PRINT) 22e ADDRESS OKILUS 230 BURIAL, CREMATION, REMOVAL 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION 23b. DATE CITY OR TOWN BP Cremation June 15,1982 Baltimore Westview Crematory 250 DATE REC'D. BY REGISTRAR 256. BEDISTRAR'S SIGNATULE DHMH-16 30M 2/80 Howard K. McComas III, Abingdon, Md. (VRA 15, 4)

DA DA LESS 6 THE MERCHANISM PARTICULAR OTHER POSITION FOR PARK, THE SECOND

1101 E. North Ave.

C. March F/H

- STATE

(VRA 15, 4)

REGISTRAR

STATE OF MARYLAND
DEPARTMENT OF HEALTH AND MENTAL HYGIENE

CERTIFICATE OF DEATH

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DECEASED NAME (179E OR PRINT) Continue (179E OR POR COUNTRY) Continue	COUNTY OF DEATH
male White Oct 31 64 17 yrs. Month	MONTH DAY YEAR 24 HOUR 6 5 19 82 A.M COUNTY OF DEATH CITY, MAD WORK 126 KIND OF BUSINESS
70 BIRTHPLACE ISTAILE OR 76 CITIZEN OF WHAT COUNTRY? 8 MARRIED NEVER	COUNTY OF DEATH City, MD FWORK 12b KIND OF BUSINESS
Milford, Dela USA WIDOWED DIVORCED Baltimore 10 CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL, NURSING HOME, OR OTHER INSTITUTION (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS) Baltimore University Hospital - STU USUAL RESIDENCE (IF IN INDRESING DAME OR OTHER INSTITUTION, GIVE RESIDENCE SERVICE SERVICE ADMISSION) 130 STATE Delaware Sussex Georgetown Divorced Baltimore Baltimore FOR MOST OF WORKING LIFE) **STUBLE CITY OR TOWN 136 LIST DELAWARE 136 STREET ADDRESS 717 East Late	F WORK 126 KIND OF BUSINESS
Baltimore University Hospital - STU student USUAL RESIDENCE IF IN NURSING ONE OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) 136. STATE Delaware Sussex (IF NOT IN SUCH FACHLITY, GIVE STREET ADDRESS) FOR MOST OF WORKING LIFE) Student 136. IN SIDE (ITY LIMITS? YES \(\text{NOT IN SUCH FACHLITY, GIVE STREET ADDRESS} \) 717 East Lat	WORK 126 KIND OF BUSINESS OR INDUSTRY
Baltimore University Hospital - STU student USUAL RESIDENCE IF IN NURSING ONE OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) 136. STATE Delaware Sussex Georgetown 137. CITY OR TOWN THE SUSSEX Georgetown 138. INSIDE (117 LIMITS? NO X) 717 East Law 137. CITY OR TOWN 138. INSIDE (117 LIMITS? NO X) 717 East Law 139. STREET ADDRESS	
Delaware Sussex Georgetown 136 INSIDE (ITY LIMITS? STATE NO NO 717 East Law	school
	urel Street
	LAST
Robert L. Elliott Vera S. Elliott	
160. WAS DECEASED EVER IN U.S. ARMED FORCES? (YES, NO, OR UNKNOWN) (IF YES, GIVE WAR OR DATES) 16b. SOCIAL SECURITY NO. 17. INFORMANT ADDRESS	
	eorgetown, De
18 CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c).) PART I DEATH WAS CAUSED BY: Multiple Injuries	BETWEEN ONSET AND DEATH
2/2 OMMEDIATE CAUSE (o) MULTIPLE TILJULIES (DUE TO, OR AS A CONSEQUENCE OF	
Conditions, if any, which	
gave rise to immediate (b) DUE TO, OR AS A CONSEQUENCE OF	
lying cause last: (c)	
PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (a).	
196. DATE OF OPERATION 196. CONDITION FOR WHICH OPERATION WAS PERFORMED?	20 AUTOPSY?
190. DATE OF OPERATION 190. DATE OF OPERATION 190. CONDITION FOR WHICH OPERATION WAS PERFORMED? 210. EXTERNAL CAUSE WAS 210. TIME OF INJURY HOUR A.M. MONTH DAY YEAR CONTRIBUTING CAUSE OF DEATH 1:30 KM 6 4 19 82 driver in auto/auto impact 210. INJURY OCCURRED 210. PLACE OF INJURY (AT HOME. STREET, FACTORY, FARM, ETC.) 211. INCATION 212. STREET, FACTORY, FARM, ETC.) 213. STREET, FACTORY, FARM, ETC.)	YES 🖄 NO 🗆
216. EXTERNAL CAUSE WAS 216. TIME OF INJURY HOUR A.M. MONTH DAY YEAR 216. HOW INJURY OCCURRED (ENTERNATURE OF INJURY IN 115M 18 PAR	
S CONTRIBUTING CAUSE OF DEATH 1:30 KX 6 4 19 82 driver in auto/auto impact	
216 INJURY OCCURRED 216 PLACE OF INJURY (AT HOME, STREET, FACTOR, FARM, ETC.) 217 LOCATION STREET PT 0 8 Pt 321	COUNTY STATE
AT WORK AT WORK ROad Rt. 9 & Rt. 321, Bridgeville,	Delaware
	in my apinian
death resulted Iram: Natural causes Accident XX Suicide, Hamicide Undetermined manner,	
ACTUAL ACTUAL ACCIONANT ACCIONANT	DATE 6_6_02
SIGNATURE	SIGNED 6-6-82
EXAMINER'S NAME Hormez R. Guard, M.D. ADDRESS III Penn Street	
230. BURIAL, CREMATION, REMOVAL 236 DATE 231. NAME OF CEMETERY OR CREMATORY CITY OF TOWN	COUNTY STATE
Burial 6-9-82 Union Cemetery Georgetown S	Sussex Dela.

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STATE OF MARYLAND
DEPARTMENT OF HEALTH AND MENTAL HYGIENE

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DHMH - 16 50M 1/81 (VRA 15, 4)

		FOR STATE REGISTRAR		DEPARTA		EALTH AND MENTA ICATE OF DEATH		NE 8 2 REG. NO.	48	7 4	
		CEASED NAME FIRST	WIDDLE		L.	AST			DAY YEAR	26 HOUR	
	(IIII)	Sara	Kath:	ryn	. En	nbleton		June 7, 198	2	7:01A.	M
	3. SE	x	4 RACE		5. DATE O		7	AGE (IN YEARS I, I BIRTHDAY)	IF UNDER I YEAR		
		Female	White		Sept		924	57 yrs	MONTHS DAYS	HOURS MIN	
-	7a. Bl	RTHPLACE (STATE OR FOREIGN	76 CITIZEN OF WHAT	COUNTRY?	8.	NEVER MARRIE	9	BALTIMORE CITY OR COUNTY	OF DEATH		
2		Ohio	U.S.A		WIDOWE			Baltimore C	City,	M	D
U	Ba	altimore	11. NAME OF HOSP Deaton	ITAL, NURSIN Medic	GHOME O	enter institutio		20 USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKING HE Housewife	126 KIND (OF BUSINESS OF	R
5	13a S	at residence (if NUI NG HOLE OF STATE 136 COUR aryland A.A	OTHER INSTITUTION GIVE RIVER	ESIDENCE BEFORE CITY OR HOW En Bu		13d. INSIDE CITY LIM YES NO D	IITS?	3. STREET ADDRESS 8089 Phirne	Road	East	
20	I (FA	THER'S NAME FIRST William	MIDDLE G	oodma	n	15. MOTHER'S MAIDE FIRST Bess		Lauvenia	Byr		
-		VAS DECEASED EVER IN U.S. AR	MED FORCES? 16b S	SOCIAL SECU	RITY NO.	17. INFORMANT	(Son	ADDRESS 00	Brook	bury D	7r
ph.	Q.		I/A 28	7.20.	5307	Mr. Jose	eph	B. Embleton,	Jr.,	21136	
	CATION	Conditions, if ony, which gove rise to immediate couse to, stating the underlying couse lost.	D BY: TE CAUSE (o) DUE TO, OTTOS (c)	CONSEQUE CONSEQUE	NCE OF	NOT RELATED TO THE	Lead Lead E TERMIN	Carby & & AL DISEASE OR CONDITION GIV	noyi	IMATE INTERVAL ONSET AND DEATH	
7	CERTIFICAL	19a DATE OF OPERATION	196 CONDITION	FOR WHICH	OPERATION	N WAS PERFORMED		IN CERTIF	, WERE FINDI YING CAUSES S	NGS USED OF DEATH?	
9	_	210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEA	TH HOUR A.M.			21c. HOW INJURY O	CCURRE	D (ENTER NATURE OF INJURY IN ITEM 18 P	ART 1 OR PART ?)		
	MEDICAL	(IF EITHER NOTIFY MEDICAL EXAMINER 21d. INJURY OCCURRED WHILE NOT WHILE AT WORK	21e PLACE OF IN (AT HOME STREET, FAI		19 ARM E1C }	21f LOCATION STREET		Crtv cie sown	COUNTY	STATE	-
ŀ		22a.1 certify that (1) (this haspi the deceased alive an (1) (we) (did) (did no	Veria)	198	Vril.	d that in (my) (our) op	pinion dei	othyscorred on the date and hou	19 , r and from the	that (I) (we) las	1
		22h Stonyarune	to Rice	LMI	?	DEGREE ATTEND PHYSICI	ING IAN []	MEDICAL STAFF DIRECTOR PHYSICIAN	22c. DATE	SIGNED 2	
		AN SICIAN'S NAME (TYPE OF	W.REE	D		6/15.	Ct	IAS ST. BAC	10.M	B \$123	20
		URIAL, CREMATION, REMOVAL SPECIFY) Burial	10 Turne			ridge Me		23d LOCATION CITY OR TOWN Elkridge,	Howard	я, мb.	
	24 FL	NERAL DIRECTO NAME Singleton Fi	uneral Ho	ADDRESS G		Burnie, 25		PRECID BY REGISTRAR SU REGIST	RAR'S SIGNA		_

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7	1-	FOR STATE REGISTRAR			DEPARTA	MENT OF H	OF MARYLAND EALTH AND MENTAL HY ICATE OF DEATH	GIENE 8	2 REG. NO.	1 4 8	7	5
0		CEASED NAME	FIRST	۸	NOOLE	{	AST	20 DATE OF E		OAY YEAR	26 HOUR	?
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	3. SE			4_RACE		5. DATE C			ARS LAST BIRTHDAY	MONTHS DAYS		MIN,
	2 0	FEMALE		WHITE		-	31,1949	33	YRS			
25		RTHPLACE ISTATE OR F	OREIGN	USA	WHAT COUNTRY?	MARRIEI WIDOWE	NEVER MARRIED X		ECITY OR COUN	TTV		MD.
3		BALTIMORE AL RESIDENCE DE NURS		THE JO	HACILITY, GIVE STREET	ADDRESS) KTNS	HOSPITAL.	120 USUAL O		12b. KIND (E OF 1	SSOR
35	13a. S	MARYLAND	Mak OUR	JARD	COLUMBIA		13d. INSIDE CITY LIMITS? YES NO [136 STREET AL	CROSS FOX	(LANE (21044)
30	14. FA	JOSEPH		WIOOFE	EPSTEIN		I RENE	ME	MIDDLE	Ŭ	NKNOW	N
2	16a V	VAS DECEASED EVER		MED FORCES?	207-40-		17 INFORMANT REISMAN-GOLI) FUNERA	ADDRESS 2 L HOME P	2317 N. HILA.,	BROAD PA.(1	ST. 9132)
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19	MEDICAL CERTIFICATION	199. DATE OF OPERAT 219. ACCIDENT WAS UND OR CONTRIBUTING CO (IF EITHER, NOTIFY MEDIC 214 INJURY OCCURR WHILE NOTIFY AT WORK AT WORK	ERLYING TAUSE OF OE	21b. TIME OI HOUR A./ P./ 21e PLACE O	FINJURY A. MONTH DA	AY YEAR	21c. HOW INJURY OCCUR	X	NO IN CER	YES, WERE FIND THEYING CAUSE YES (1) 18 PART I OR PART 2)	S OF DEATH	
		27s.1 certify that (1) taw the decease above, (1) (we) (d 77s. SIGNATURE	(this hospi	6/1	10210		, 19 d that in (my) (our) apinion DEGNEE ATTENDING	death occurred		nour and from the	, that (I) (we couses star	,

DHMH - 16 50M 1/81 (VRA 15, 4)

TO FUNERAL DIRECTOR—should be detached for use with the State Dept. of Heal

IMPORTANT: If He

22d. PHYSICIAN'S NAME

23a BURIAL, CREMATION, REM WAL

24 FUNERAL DIRECTOR L LEVINSON & BROS. 60TO REISTERSTOWN RD. BALTIMORE, MD. (21215)

23k DATE 6-4-82 23¢ NAME OF CEMETERY OR CREMATORY BROOKHAVEN CEMETERY

22e ADDRESS

BROOKHAVEN, DEL. CO. PENNA.

LANCE TO BE SEED THE SECOND STATE WILLIAM PARTERIORS CONTRACTOR SAME THE CONTRACTOR

	1.	STATE REGISTRAR		DIT AN		ICATE OF	DEATH	REG.	NO.		,	
		CEASED NAME FIRST		MIDDLE	ī.	AST		20 DATE OF DEATH		DAY YEAR	2b H	HOUR
1000	(*****	Frank		C.	Esco.	lopio			6 /	18/8	32 21	15 a .
	3. SE	X	4 RACE		5. DATE O			6. AGE (IN YEARS LAST	BIRTHDAY	IF UNDER 1 YE		NDER 24 HRS
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<	₹d. BI	RTHPLACE (STATE OR FOREIGN		WHAT COUNTRY	? 8 MARRIE	NEVE	MARRIED -	9 BALTIMORE CITY	OR COUNT	Y OF DEATH		
الما		Maryland ITY OR TOWN OF DEATH	U.S		WIDOWE		DIVORCED [Baltimor				M
40	Ba	altimore	(IF NOT IN SUC	HOSPITAL, NURSI H FACILITY, GIVE STREE LEMOS HOS	ET ADDRESS)	R OTHER IN	STITUTION	(TYPE OF WORK FOR MOS Owner		UFET INDUST		SINESS OR
5	13a. S	STATE STATE	TIMOTE INSTITUTION	13c. CITY OR TOV Baltime	WN	13d INSIDE YES [CITY LIMITS?	130 STREET ADDRESS	s est Pa	ark Av	enue	
3C		ndrew	WIDDIE	Escolo	pio	15 MOTHE	FIU N	K N MIDTO	W	N	LAST	K E
2		VAS DECEASED EVER IN U.S. AR (ES NO OR UNKNOWN) (IF YES GIV	MED FORCES?	166 SOCIAL SEC 215-09		17 INFORA		Escolopio	RESS Z	as abo	ove	
7	CERTIFICATION	Conditions, if ony, which gove rise to immediate couse (o), stoling the underlying cause lost. PART 2 OTHER SIGNIFICANT O	DUE TO, OI	R AS A CONSEQUENT OF THE PROPERTY OF THE PROPE	UENCE OF	1		Jel Du AINAL DISEASE OR CC 200 AUTOPSY?	20b. IF YE	VEN IN PART	DINGS U	SED FATH?
9		210. ACCIDENT WAS UNDERLYING CONCONTRIBUTING CAUSE OF DEA	1177	M. MONTH	DAY YEAR	21c. HOW	INJURY OCCUR	YES NOS	Y	ES 🗌	NO	
(MEDICAL	21d INJURY OCCURRED WHILE NOT WHILE AT WORK	21e PLACE			211 LOCAT		CITY OR	IOWN	COUNTY		STATE
		22a I certify that (I) (this hasp) sow the deceased alive an above, (I) (we) (did) (did no 22b. SIGNATURE	6-	190	PZ, on	d that in (m)	ATTENDING	deoth occurred on the	AFF			
		22d. PHYSICIAN'S NAME (TYPE O	ar printi	n In 1	4.0	3 4.		Mes he	-Bal	18, m	12/2	129
	23a B	Burial, CREMATION, REMOVAL SPECIETY)	23b DATE 6/11		NAME OF CE		CREMATORY	Ba Trimo	ore, =	= COUNT M	aryl	land

Glen Burnie, Md.

250 DATE REC'D. BY REGISTRAR 256. REGISTRAR'S SIGNATURE

JUN

STATE OF MARYLAND

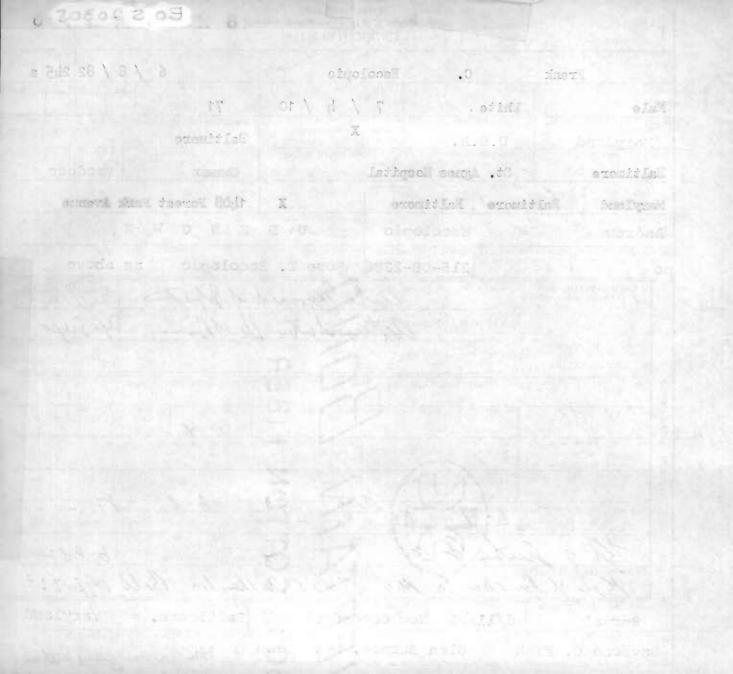
DHMH - 16 50M 1/81 (VRA 15, 4)

TO FUNERAL DIRECTOR:

IMPORTANT: If Hem 21 is

24 FUNERAL DIRECTOR

Raymond C. Fink



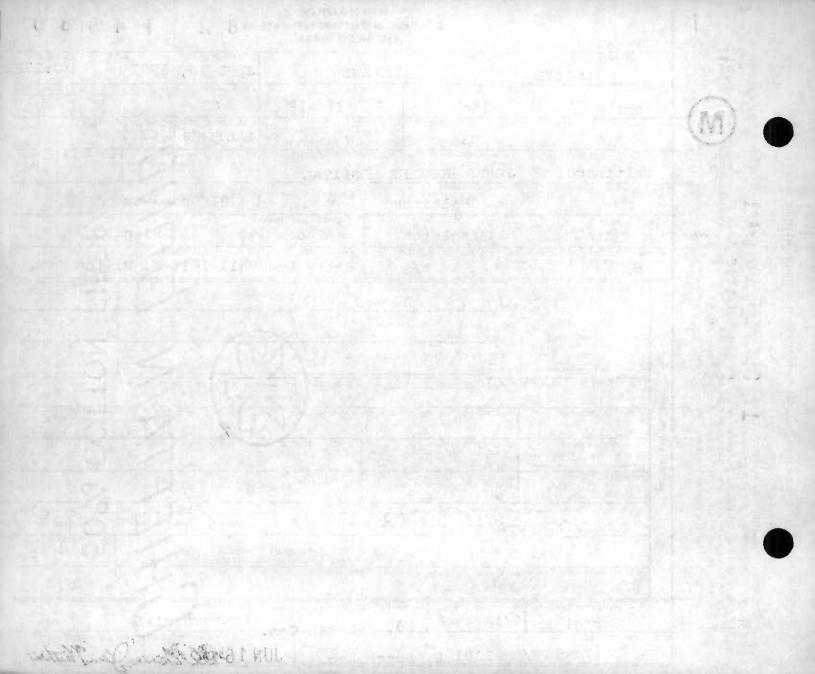
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	M BIRTHPLACE ISTATE OR OREIGN COUNTRY	alck 7b C	ITIZEN OF WHA		La	RIED X NEVER	R MARRIED [ORE CITY OR	COUNTY	5 19 82 OF DEATH	5:3
10 0	N J		US. NAME OF HOSPI IF NOT IN SUCH FACIL	TAL, NURSING	DRESS]	HER INSTITUTIO	N 12a	USUAL OCCUPA FOR MOST OF WORK	ATION (TYPE O	City FWORK 12b	OR INDUST	
	Baltimore AL RESIDENCE (IF IN N STATE			13c. CITY OR TO	OWN			oustali street addres 932 W.			C.	
HEF	Md FATHER'S NAME FIRST	MIDE	DLE	Balto	•	YES X			Baltıı		LAST	
160.	James WAS DECEASED EVE YES, NO, OR UNKNOWN)	R IN U.S. ARMED F		Eure		Ber 17. INFORMA	NT		ADDRESS	. 3	atson	
	Yes IB CAUSE OF DEA PARTIDEATH	ATH (Enter only one WAS CAUSED BY:			(c).)			1932 W.		imore	approximati	E INTERVA
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	lying cause las	1.	(c)			ASE OR CONDITION GI	IVEN IN PART 1 (a	ı.				
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MEDICAL		T WHILE D	21e PLACE OF STREET, FACTO	INJURY (AT)	10ME. 211 L	OCATION STREET		CITY OR TOW	N.	COUNT	TY	STAT
MEDI	22a. I certify that death resulted fro	t I taak charge af tl		ibed abave, he	ld on Auto		nspectian _	, Inquiry		in my apini	an	
	ACTUAL SIGNATURE	Virginia	LDola	~		TITLE (SPE		MEDICAL EXAMI	INER	DATE SIGNED.	6/16	6/82
23a.1	EXAMINER'S NAMI (TYPE OR PRINT) _ BURIAL, CREMATION,	VIII	jinia L.			_ADDRESS		n STreet	t,Balto	o.,MD		
	Burial Burial FUNERAL DIRECTOR		21-82			VA Ce	em	LOCATION CITYORTOWN CITYORTOWN D. BY REGISTRAR		COUNTY	Mo	d ·
	Brown/The	ompson I	F. HADDRETS	913 W.	Balto.			16 198			an This	Then

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	1	FOR - STATE REGISTRAR		DEPARTA	NENT OF HE	OF MARYLAND ALTH AND MENTAL HYC CATE OF DEATH	GIENE 8 2	0.	4 8	8 2
8 25		ECEASED NAME FIRST	M	NDDLE	(A		20 DATE OF DEATH	MONTH DAY	YEAR	26 HOUR
1, 100	3 S	EX F	4 RACE	-OW	5. DATE OF	DAY YEAR	6 AGE (IN YEARS LAST BIR		UNDER I YEAR	IF UNDER 74 HRS. HOURS AIN.
1	5	BIRTHPLACE (STATE OF FOREIGN COUNTRY)	76 CITIZEN OF V	VHAT COUNTRY?		PNEVER MARRIED	9 BALTIMORE CITY O		F DEATH	
1 11 1	10	ENTURY CITY OR TOWN OF DEATH	(IF NOT IN SUCH	FACILITY, GIVE STREET	ADDRESS)	OTHER INSTITUTION	12a USUAL OCCUPATE	ON OF WORKING (IFE)	INDUSTRY	PF BUSINESS OR
24 Pours	13a	JAL RESIDENCE (IF NURSING HO STATE	THER INSTITUTION	GIVE RESIDENCE BEFORE	ADMISSION)	13d INSIDE CITY LIMITS?	Homem. 13e STREET ADDRESS R+ 1	AKGR	Hen	nt
	ILI	ATHER'S NAME FIRST WILLIAM	WIDDLE	HANCO		15 MOTHER'S MAIDEN NA	ME MIDDLE		LAS	1
SALLIMORE, A	16a	WAS DECEASED EVER IN U.S. A	RMED FORCES?	SANDO 166 SOCIAL SECU 220 16		17 INFORMANT	ADDRE	:SS	2000	wens
guires that the death cells signed by the attending the please remove containing burial, cremation, or simplicy, or other troumatic	NO	Canditions, if any, which gave rise to immediate cause (a), stating the underlying cause last	DUE TO, OR DUE TO, OR DUE TO, OR (c)	AS A CONSEQUE AS A CONSEQUE AS A CONSEQUE AS A CONSEQUE MIRIBUTING TO B	NCE OF		neveysm		IN PART 110	3d
DIVISION OF VITAL RECORDS, ALCO SHYSECIAN. The law requirements of the certificate has been sign on the certificate has been sign on the certificate has been sign on the certificate has been sign of the certificate has been sign of the certificate to be certificated.	CERTIFICATION	190 DATE OF OPERATION 6/21/82	ables	inel Au		WAS PERFORMED	200 AUTOPSY? YES NO	206. IF YES, V IN CERTIFY IN YES [G CAUSES	OF DEATH?
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STATE OF MARYLAND
DEPARTMENT OF HEALTH AND MENTAL HYGIENE

CERTIFICATE OF DEATH

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HMH - 16 50M 1/76	24 FL	INERAL DIRECTOR SOL L	EVINCON & PDOC	TNC 250 DA	F REC'D BY REGISTRAR	256. REGISTRAR'S SIGNATURE

aw Funeral Home 4611 Park Heights Ave.

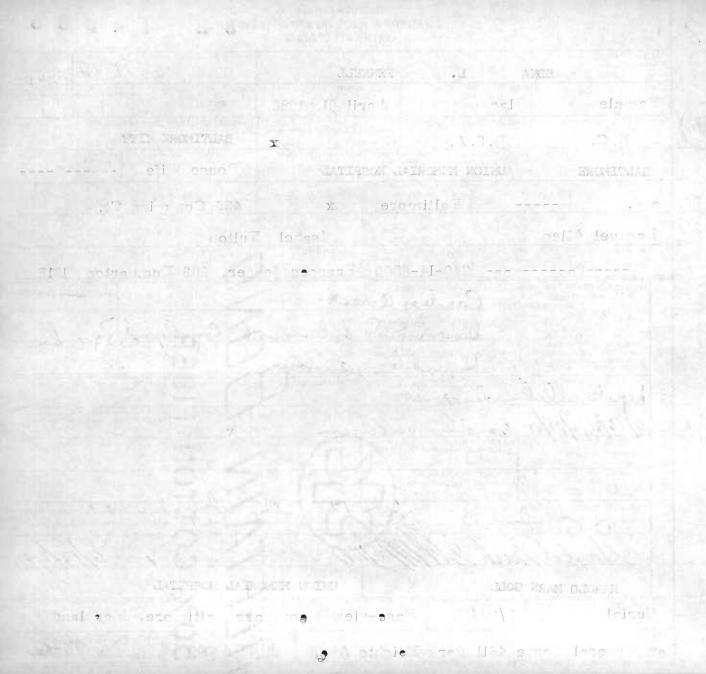
- STATE

DHMH - 16 50M 1/B1 (VRA 15, 4) REGISTRAR

STATE OF MARYLAND
DEPARTMENT OF HEALTH AND MENTAL HYGIENE \$\mathcal{Q}\$

CERTIFICATE OF DEATH

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- STATE REGISTRAR	DEP	ARTMENT OF HEALTH AND MENTAL HY CERTIFICATE OF DEATH	GIENE 8 2	10.	48	8 7
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3 SEX	4. RACE	5 DATE OF BIRTH	6 AGE (IN YEARS LAST BI		MONTHS DATS	HOURS A
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NO FEVEL 190. DATE OF OPERATION 210. ACCIDENT WAS UNDERLYING	196 CONDITION FOR WE	HICH OPERATION WAS PERFORMED	20a AUTOPSY?	20b. IF YES IN CERTIF	S, WERE FINDING CAUSES	OF DEATH?
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OR COLUMNIA COLUMN COLU	216. TIME OF INJURY HOUR A.M. MONTH	DAY YEAR 21c. HOW INJURY OCCUR	RED (ENTER NATURE OF INJ	JRY IN ITEM 18 P	PART I OR PART 2)	
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AT WORK NOT WHILE AT WORK						
	pital) attended the deceased from		2, 10 6/	24		that (1), (4)
	nat) view the body after death.	19_52_, and that in (my) Gur) opinion	death occurred on the c	date and hou	or and from the	couses states
22b SIGNATURE	SA DIA	DEGREE ATTENDING	MEDICAL STA		22c. DATE	
		ALTENDING	MEDICAL STA	CIANITA	6/25	186
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() (1110	(354)	122- ADDDECC	Hopkins to		/	
22d. PHYSICIAN'S NAME (PPE	AL 23b. DATE	226 ADDRESS JOHNS 236 NAME OF CEMETERY OR CREMATORY			COUNTY	STATE
22d. PHYSICIAN'S NAME INFO	AL 23b. DATE	22e ADDRESS Johns	Hopkins to.		26	M COSTAI

Marie Too TTTO DECATA ROS The second of th APRIL SELECTION SEPT SERVICE

DEPARTMENT OF HEALTH AND MENTAL HYGIEN - STATE MEDICAL EXAMINER'S CERTIFICATE OF DEATH REGISTRAR DECEASED NAME 20. DATE KNOWN X (TYPE OR PRINT) OF ESTI-DEATH MATED NELSON 1982 LEWIS FIGGS 4. RACE 5. DATE OF BIRTH 6. AGE (IN YEARS IF UNDER TYR. 2d HOUR IF UNDER 24 HRS DATE 7:47 PRONOUNCED Dec. 24, 1893 Male Black 1982 D M BIRTHPLACE (STATE OF 7b. CITIZEN OF WHAT COUNTRY? 9. BALTIMORE CITY OR COUNTY OF DEATH NEVER MARRIED MARRIED FOREIGN COUNTRY)
Maryland U.S.A. DIVORCED Baltimore City IB. CITY OR TOWN OF DEATH USUAL OCCUPATION (TYPE OF WORK 12h KIND OF BUSINESS I. NAME OF HOSPITAL, NURSING HOME, OR OTHER INSTITUTION FOR MOST OF WORKING LIFE)
Laborer OR INDUSTRY Farm Baltimore 1607 Mosher St la STATE 13d. INSIDE CITY LIMITS? 13e. STREET ADDRESS 13b COUNTY 13c. CITY OR TOWN Md. Baltimore 1607 Mosher St. YES X NO T 14. FATHER'S NAME 15. MOTHER'S MAIDEN NAME ? LAST MIDDLE MIDDLE FIRST Emma Figgs Henry 17. INFORMANT 909 North Gilmore St. 160. WAS DECEASED EVER IN U.S. ARMED FORCES? 166. SOCIAL SECURITY NO (YES, NO, OR UNKNOWN) 220-07-8015 Dorothy Brown Baltimore Maryland 21217 Yes 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) BETWEEN ONSET AND DEATH PART I DEATH WAS CAUSED BY MMMEDIATE CAUSE (0) Arteriosclerotic cardiovascular disease DUE TO, OR AS A CONSEQUENCE OF Conditions, if ony, which gove rise to immediate cause (a) stating the under-DUE TO, OR AS A CONSEQUENCE OF lying couse last PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (g). Prostatic carcinoma 19h CONDITION FOR WHICH OPERATION WAS PERFORMED? 19g. DATE OF OPERATION 20 AUTOPSY? EXECUTE THE CERTIFICATE, WRITING THE WORD "T PAGE 4 SHOULD BE FORWARDED TO THE CHIEF TO FUNERAL DIRECTOR, PAGE 3 SHOULD BE USE AFFIRE DEATH, WITH THE STATE DEPARTMENT OF H BALTIMORE, MARYLAND, 21201 PRIOR TO BURIAL. YES 21a. EXTERNAL CAUSE WAS 216. TIME OF INJURY 216 HOW INJURY OCCURRED JENTER NATURE OF INJURY IN ITEM 18 PART | OR PART 21 HOUR A.M. MONTH DAY YEAR UNDERLYING OR CONTRIBUTING CAUSE OF DEATH 21e PLACE OF INJURY (ATHOME. 211 LOCATION 21d INJURY OCCURRED STREET, FACTORY, FARM, ETC.) STREET CITY OR TOWN WHILE AT WORK 22a I certify that I took charge of the remoins described above, held an Autopsy ond in my opinion Inspection Natural causes X deoth resulted fram: Accident Undetermined manner TITLE (SPECIFY) Assistant MEDICAL EXAMINER 6-4-82 SIGNATURE EXAMINER'S NAME Ann M. Dixon, M.D. 111 Penn St., Balto., Md. 21201 TYPE OR PRINT STATE Burial June 7,1982 Baltimore National Cem. Baltimore Md. 24 FUNERAL DIRECTOR REC'D. BY REGISTRAR TUB. REGISTRAR'S SIGNATURE DHMH - 17 Owings Mills. Md. (VR A15 ME (5) 20M 4/82

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FOR STATE

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

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	230. B	BURIAL, CREMATION		3b. DATE		AME OF CEM			23d. LOCATION CITY OR TOWN		COUN	ITY Y	A1. 5	TATE
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		NAME			ADDRESS	212		250. DATE	N 95 1982	REGIS	LRAR S	SIGNAT	URE	
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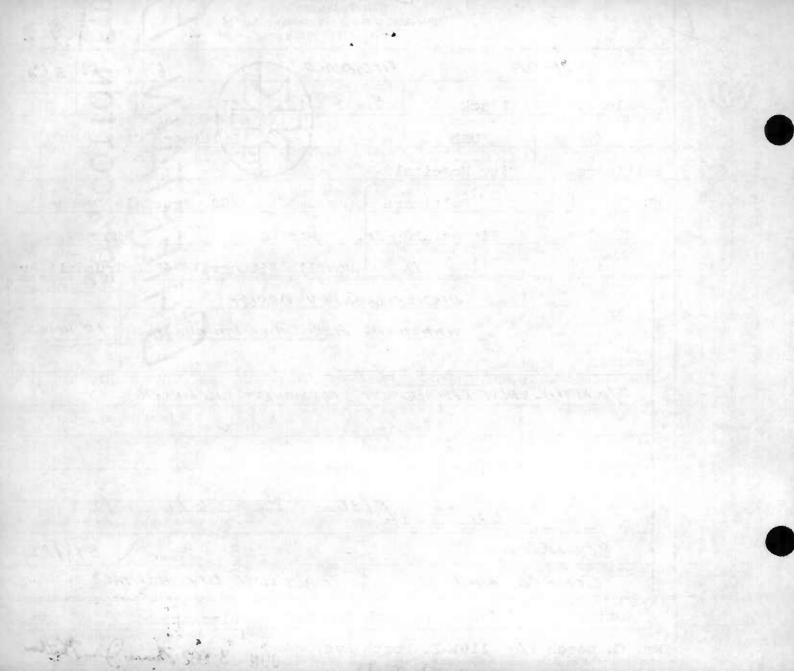
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DEPARTMENT OF HEALTH AND MENTAL HYGIENE

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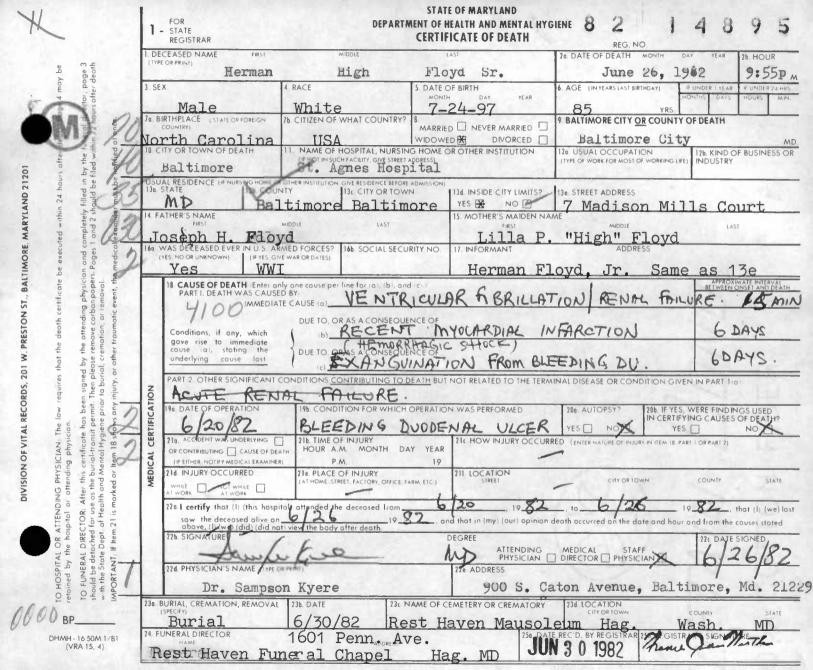
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STATE OF MARYLAND
DEPARTMENT OF HEALTH AND MENTAL HYGIENE



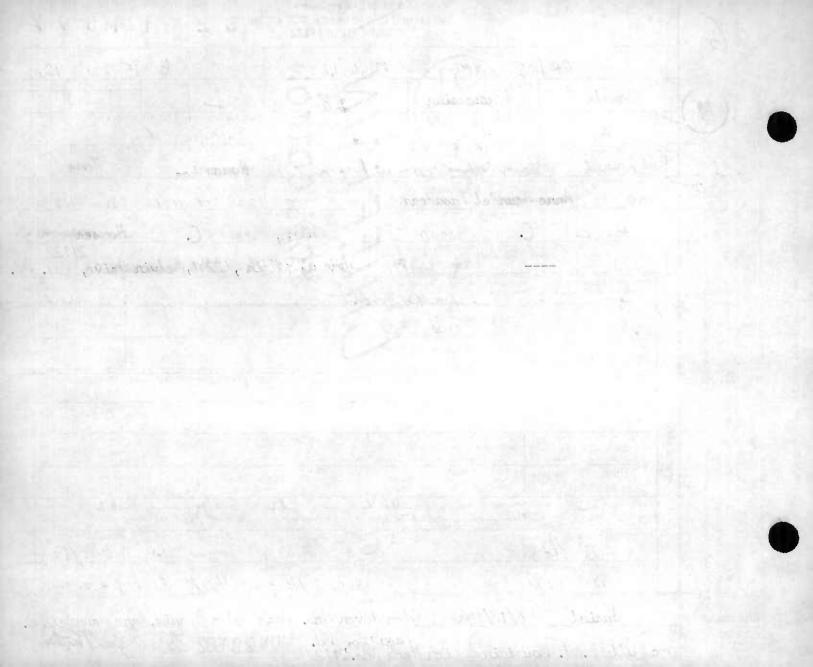
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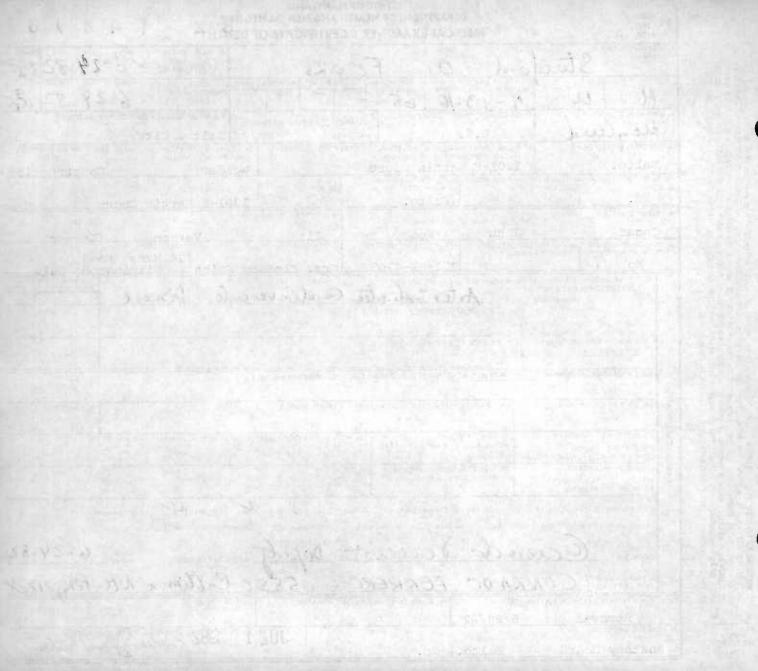


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DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE MEDICAL EXAMINER'S CERTIFICATE OF DEATH REGISTRAR DECEASED NAME 20. DATE KNOWN (TYPE OR PRINT) OF ESTI-DEATH MATED 3. SEX 4 RACE 5. DATE OF BIRTH 6. AGE (IN YEARS | IF UNDER 1 YR. JE UNDER 24 HRS DATE MONTH YEAR LAST BIRTHDAY) PRONOUNCED DEAD 65 BIRTHPLACE (STATE OR 76. CITIZEN OF WHAT COUNTRY? 9. BALTIMORE CITY OR COUNTY OF DEATH MARRIED T NEVER MARRIED U.S. □ Balto. City WIDOWED [DIVORCED 10. CITY OR TO WN OF DEATH 11. NAME OF HOSPITAL NURSING HOME, OR OTHER INSTITUTION 12a. USUAL OCCUPATION (TYPE OF WORK 12b. KIND OF BUSINESS (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS) OR INDUSTRY FOR MOST OF WORKING LIFE) Balto. 1201-F Martin Court Welder Construction USUAL RESIDENCE LIFTIN NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSIONA 13a STATE NO COUNTY 13c CITY OR TOWN 13d. INSIDE CITY LIMITS? STREET ADDRESS Md. NO R Balto. 1201-F Martin Court 14. FATHER'S NAME 15. MOTHER'S MAIDEN NAME DIVISION OPVITA FIRST MIDDLE LAST FIRST MIDDLE LAST Jehu Oscar Fook Ila Vernon Lester WAS DECEASED EVER IN U.S. ARMED FORCES? 166. SOCIAL SECURITY NO. 7. INFORMANT (YES, NO. OR UNKNOWN) I (IF YES, GIVE WAR OR DATES) 424 Marsh Road No 222-01-4709 Mrs. Eleanor Smith Wilmington, Del. 18. CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c), BETWEEN ONSET AND DEATH PART I DEATH WAS CAUSED BY HYGIENE, IMMEDIATE CAUSE (a). DUE TO, OR AS A CONSEQUENCE OF Conditions, if any, which gove rise to immediate couse (a) stating the under-DUE TO, OR AS A CONSEQUENCE OF lying cause lost. OF HEALTH AND A PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (c) 190 DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED? 20 AUTOPSY? YES NO [BE CERT 71g EXTERNAL CAUSE WAS 216 TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) HOUR A.M. MONTH DAY YEAR UNDERLYING OR MEDICAL CONTRIBUTING CAUSE OF DEATH PM 19 PRIOR 21e. PLACE OF INJURY (ATHOME. 21d. INJURY OCCURRED III. LOCATION STREET, FACTORY, FARM, FTC.1 CITY OR TOWN COUNTY STATE WHILE AT WORK PAGE 4 SHOULD BE FOR TO FUNERAL DIRECTOR: 1 AFTER DEATH, WITH THE S BALFLINORE, MARYLAND, 21 22a. I certify that I took charge of the remains described above, held on Autopsy Inspection death resulted from: Natural causes Suicide Hamicide L Undetermined manner EXAMINER'S NAME FERRERO (TYPE OR PRINT) 230 BURIAL, CREMATION, REMOVAL 23b. DATE 73c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION COUNTY STATE 6/24/82 Removal 24 FUNERAL DIRECTOR 250 DATE RECD. BY REGISTRAR SIGNATURE **DHMH - 17** ADDRESS Parces (VR A15 ME (5)) Anatomy Board Balto., Md. 15M 7/77



	1/			STATE OF MARYLAND		
1	1.	FOR STATE REGISTRAR	DEPA	RTMENT OF HEALTH AND MENTA CERTIFICATE OF DEATH		14399
2 2		CEASED NAME FIRST ERN	EST F.	FORD		MONTH DAY YEAR 26 HOUR P
(M)	3. SE		WHITE	5. DATE OF BIRTH APRIL 28 19	6 AGE (IN YEARS LAST BIRT	
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by the filled with		BALTO.	(IF NOTHIN SUCH FACILITY, GIVE ST	RSING HOME OR OTHER INSTITUTION RECT POPRESS) OF AVE	ON 120 USUAL OCCUPATION TYPE OF WORK FOR MOST OF	WORKING LIFE) INDUSTRY
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ompletel		ERNEST +	FORDS!	52. IS. MOTHER'S MAID	NE MIDDLE	DONOVADO
be execu an and c		VAS DECEASED EVER IN U.S. ARM YES, NOOLUNKNOWN) (IF YES, GIVE	war or dates) 214-6	1-1955 Lillian	J. FORD S	AME 21224
ne deoth certificate re oftending physic smove corbonpope motion, or removal r traumotic event, if		18. CAUSE OF DEATH (Enter only PART I. DEATH WAS CAUSED IMMEDIATE Conditions, if ony, which gave rise to immediate couse (o), stating the	DUE TO, OR AS A CONSE	QUENCE OF Svorany auter	y disease	BEIWEN ONSEI AND DEATH S WILLTS 20 4 cans
requires that it	TION	PART 2 OTHER SIGNIFICANT CO	ONDITIONS CONTRIBUTING	V tento (Clastic C)		
on. hos be	CERTIFICATION	19a DATE OF OPERATION	196. CONDITION FOR WE	ICH OPERATION WAS PERFORMED	200 AUTOPSY?	20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? YES NO NO
SICIAN: T ng physici certificate uriol-tronsi tem 18 sh		210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEAT (IF EITHER NOTIFY MEDICAL EXAMINER)	HOUR A.M. MONTH		OCCURRED (ENTER NATURE OF INJUR	Y IN ITEM 18 PART I OR PART 2)
ING PHYSIC r attending fiter this cer os the burio th ond Ment orked or Itel	MEDICAL	21d INJURY OCCURRED WHILE NOT WHILE AT WORK	21e. PLACE OF INJURY (AT HOME, STREET, FACTORY, OFF		CITY OR TO	VN COUNTY STATE
R ATTENDI haspital or RECTOR: A red for use pt. of Heal em 21 is me		22a.1 certify that (1) (this hospital saw the deceased alive on above, (1) (we) (did) (did not)		9, and that in (My) (our) a	pinian death occurred on the do	, 19.2 , that (1) (we) lost te and hour and from the couses stated
the hard the hard the hard the bear the		27b. SIGNATURE	ouis		DING MEDICAL STAF	221. DATE SIGNED 6 (25 (82
TO HOSPITA etoined by TO FUNERA should be downth the Storian MAPORTANT		22d PHYSICIAN'S NAME (TYPE OR	PRINT)	22e ADDRESS 3411 (3 mm st. C	SAUS 21224
BP	1 7	BURIAL, CREMATION, REMOVAL		STANTS LAUS		ALTO COUNTY MD STATE
DHMH-16 30M 2/80 (VRA 15, 4)	24 F	UNERAL DIRECTOR	10 78249 TE	HUDSON ST	DATE REC'D. BY REGISTRAR	

THE REPORT OF STREET ENCENT PLANTS OF THE PARTY OF T WEST ASSESSMENT OF STREET AND STREET ASSESSMENT OF STREET AND THE PARTY OF T sharing the southwall into the of a party was it was now when make more part to turk at a will use I have still the and the (A) Saft March Late The Task Control Control THOUGH TO THE WASHINGTON TO CONTRACT TO THE STREET OF THE

DEPARTMENT OF HEALTH AND MENTAL HYGIE - STATE MEDICAL EXAMINER'S CERTIFICATE REGISTRAR REG. NO DECEASED NAME 20. DATE KNOWN IX 7h HOUR (TYPE OR PRINTI OF ESTI-17 10 82 James W. Ford HQUR +:40 DATE OF BIRTH 4 RACE 6. AGE (IN YEARS | IF UNDER 1 YR. IF UNDER 24 HRS DATE EAST BIRTHDAYL PRONOUNCED 82 DEAD 09 09 10 Male. White 71 YRS Th CITIZEN OF WHAT COUNTRY? 9. BALTIMORE CITY OR COUNTY OF DEATH BIRTHPLACE (STATE OR MARRIED | NEVER MARRIED X FOREIGN COUNTRY! Baltimore City U.S.A. WIDOWED DIVORCED Maryland PM 3. RETAIN PAGE ND 2 SHOULD BE HILD VITAL RECORDS. O CITY OR TOWN OF DEATH 12a USUAL OCCUPATION (TYPE OF WORK 12b KIND OF BUSINESS II NAME OF HOSPITAL NURSING HOME, OR OTHER INSTITUTION Baltimore East Lynn Avenue, 21223 Floor Installer Flooring Co. USUAL RESIDENCE (IF IN NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE REFORE ADMISSION 13a STATE 136. COUNTY 13c CITY OR TOWN 13d INSIDE CITY LIMITS? 13e STREET ADDRESS YES X 433 East Lynn Avenue, 21223 NO [Maryland Baltimore 14 FATHER'S NAME 15 MOTHER'S MAIDEN NAME DIVISION OF VITA FIRST LAST MIDDLE Ellen Royal Ford Rush 17 INFORMANT IN WAS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SECURITY NO (YES, NO, OR UNKNOWN) 214-01-1918 Ruth E. Feltv 433 East Lynn Avenue No 18 CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) A BURIAL - TRANSIT PERMIT, HAND MENTAL HYGIENE, D WATION, OR REMOVAL. BETWEEN ONSET AND DEATH PART I DEATH WAS CAUSED BY Arteriosclerotic cardiovascular disease IMMEDIATE CAUSE (a) DUE TO, OR AS A CONSEQUENCE OF Conditions, if any, which gove rise to immediate couse (o) stating the under-DUE TO, OR AS A CONSEQUENCE OF lying couse lost. PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (a) CERTIFICATION 19a DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED? 20 AUTOPSY? PRIOR TO BURIAL, DRWARDED TO THE CH R: PAGE 3 SHOULD BE U E STATE DEPARTMENT C D, 21201 PRIOR TO BUR 21a EXTERNAL CAUSE WAS 216. TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) HOUR A.M. MONTH DAY YEAR OR UNDERLYING MEDICAL CONTRIBUTING CAUSE OF DEATH TIE PLACE OF INJURY (AT HOME, 211 LOCATION 21d INJURY OCCURRED AT WORK AT WHILE STREET, FACTORY, FARM, ETC.I. STREET CITY OF TOWN L DIRECTOR: P H, WITH THE ST MARYLAND, 2 Inspection X 22e I certily that I took charge of the remains described obave, held an Autonsy Inquiry and in my opinion Undetermined manner death resulted from-Homicide TITLE (SPECIFY) PAGE 4 SHOUI TO FUNERAL D AFTER DEATH, N ACTUAL 6/18/82 Deputy SIGNATURE MEDICAL EXAMINER EXAMINER'S NAME Thomas D. Smith, M.D. 111 Penn St., Baltimore, Md. (TYPE OR PRINT) 23d. LOCATION 23a BURIAL, CREMATION REMOVAL 23b DATE 23c NAME OF CEMETERY OR CREMATORY COUNTY STATE Loudon Park 06-21-82 Baltimore City Maryland Burial 24 FUNERAL DIRECTOR DHMH 17 (VR A15 ME (5)) Hubbard Funeral Home, Inc. 4107 Wilkens Ave. 20M 4/B2

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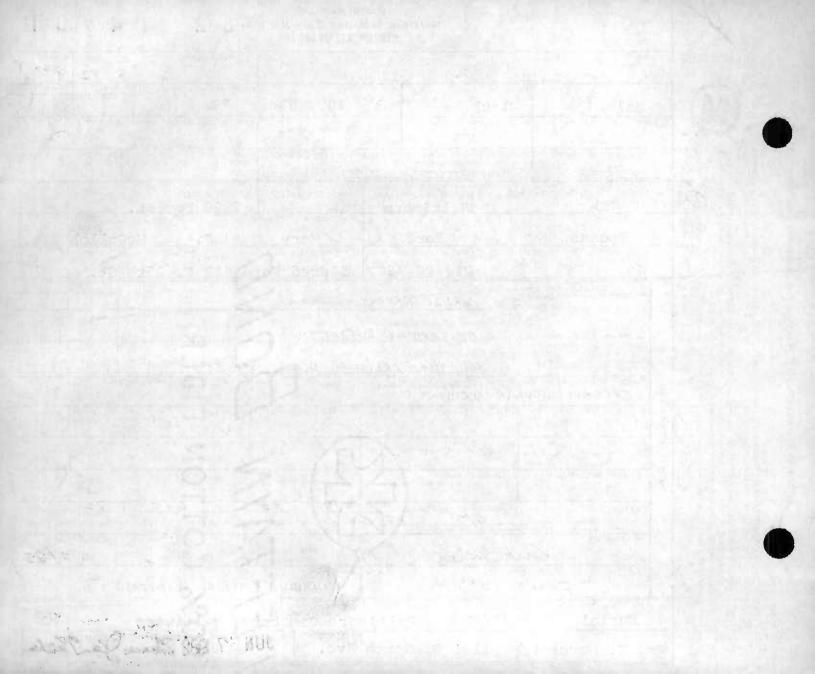
FOR - STATE

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE 8 2 4 9 0 1 CERTIFICATE OF DEATH MIDDLE LAST 20 DATE OF DEATH MONTH DAY YEAR 25 HOUR 3 82 855

REGISTRAR				CERTIF	ICATE OF	PEAIN	RE(G. NO.			
1. DECEASED NAME	FIRST	/	WIDDLE		AST		20 DATE OF DEAT		DAY	YEAR	2b HOUR
(TYPE OR PRINT)	LEST	20	J.	FORD				6	3	82	855 P
3. SEX		RACE		5. DATE C	DE BIRTH		6. AGE (IN YEARS LA		-	RIYEAR	IF UNDER 24 HRS
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	.C.		ISA	WIDOWE		VORCED [BALTIMO	DRE CIT	ΓY		MD.
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160 WAS DECEASED		WAR OR DATES	166. SOCIALS	ECURITY NO.	17 INFORM	INT	A	DDRESS			
No			214-20	4602	Mildr	ed Fo	rd 422 H	251	h St	-	
18 CAUSE OF	DEATH Enter and	one cause per									MATE INTERVAL
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underlying	cause last.	1 10 6	ow Block	d PrES	SURE I	WE TO	STROKE				
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& CERE	BROVASCI	ILAR AC	CLIDENT					0.10.10			
CERTIFICATION ACCIDENT W				ICH OPERATIO	N WAS PERFO	RMFD	200 AUTOPSY?	20b. JF 1	YES, WERE	FINDIN	IGS LISED
FE							_/	IN CER	TIFYING C	AUSES	OF DEATH?
71n. ACCIDENT W	AS HAIDEDINING T	21b. TIME O	C INTUIDA		122- 1103111	W 10 W 0 0 0 W 10 0	YES NO		YES	- 1	ио 🗌
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OR CONTRIBUTION (IF EITHER NOTH) 21d. INJURY OC	CURRED	21e. PLACE O			211. LOCATION		Fity (OR TOWN	(0)	UNTY	STATE
WHILE AT WORK	NOT WHILE	(AT HOME STR	EET, FACTORY, OFF	ICE, FARM ETC]	SIMEE		CHI	/K O ***		,,,,,	STATE
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22b. SIGNATUR	_	, 1		100	DEGREE	TTELIDINA			220	t. DATE S	SIGNED
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23¢ BURIAL, CREMAT		23b DATE		2. NAME OF C							
(SPECIEV)	ION, KEMOVAL			3c NAME OF C			23d LOCATION	N	COUNT	γ	STATE
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Wm. March F/H 1101 E North Ave.

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	TI. FA	THER'S NAME					15 MOTHER'S MAIDE	NAME	WIDDIE		TAST	
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	MEDICAL CERTIFICATION							- 2-2				
	TAT	19a. DATE OF OPERATION	N	196. CONDIT	ION FOR WHICH OP	ERATION W	AS PERFORMED?				20 AUTOPSY	?
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1	S	CONTRIBUTING CAUS	DE OF DEATH	1:00 KAK			CATION	10/11/60	object	Tillbe	101	
	WEL	WHILE NOT WHI	LE 🕅		ORY, FARM, ETC.)		STREET	CITY OR	TOWN	cou	INTY	STATE
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8		death resulted fram.	Natural cau	ses L,	Accident KYA	Suicide	, Hamicide	Undetermined	manner .			
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0	3 SE	Male	White	July 11, 1985	6. AGE (IN YEARS LAST BIRTHDAY) 76 YRS	IF UNDER I YEAR IF UNDER 24 HRS
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should be fried with		eltimore	JOHNS HOPKIN	S HOSPITAL	126 USUAL OCCUPATION (Type of work for most of working Life Auto Dealer	Retain Yauto Sales
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for us		saw the deceased alive an	tal) attended the deceased from L	and that in (my) (aur) opinian	death accurred an the date and hour	9 , that (I) (we) last and from the causes stated
RAL DIREC detached hate Dept. VT: If Item		22b. SIGNATURE	2 Gweston	DEGREE ATTENDING PHYSICIAN	MEDICAL STAFF DIRECTOR PHYSICIAN	6/1/82
FUNERAL build be det the State	ha	124 BAYSICIAN'S NAME STANCE	- SWEEBON	MD JOHNS	HOPKINS A	iesp

DHMH - 16 50M 1/81 (VRA 15, 4)

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230. BURIAL, CREMATION, REMOVAL (SPEC Burial

1982⁴,

23c. NAME OF CEMETERY OR CREMATORY Hereford Baptist

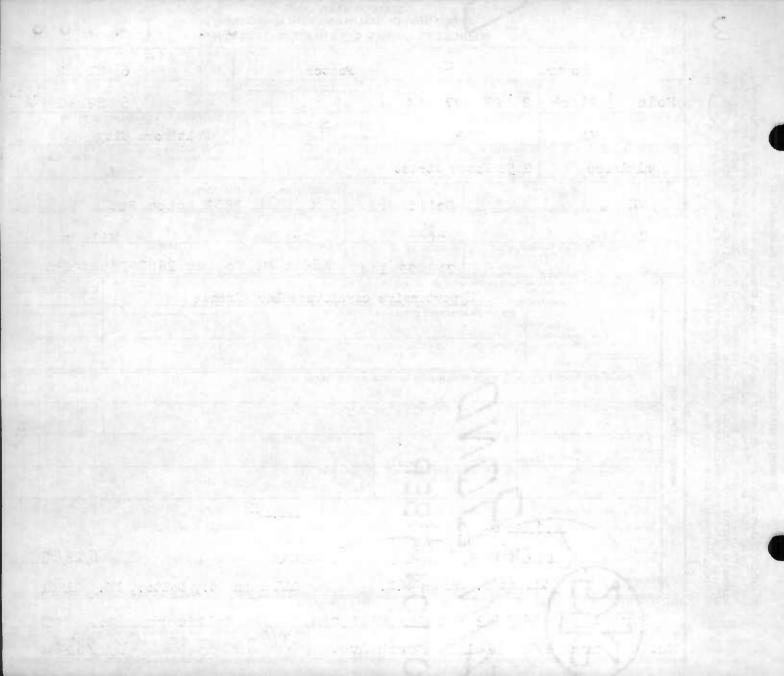
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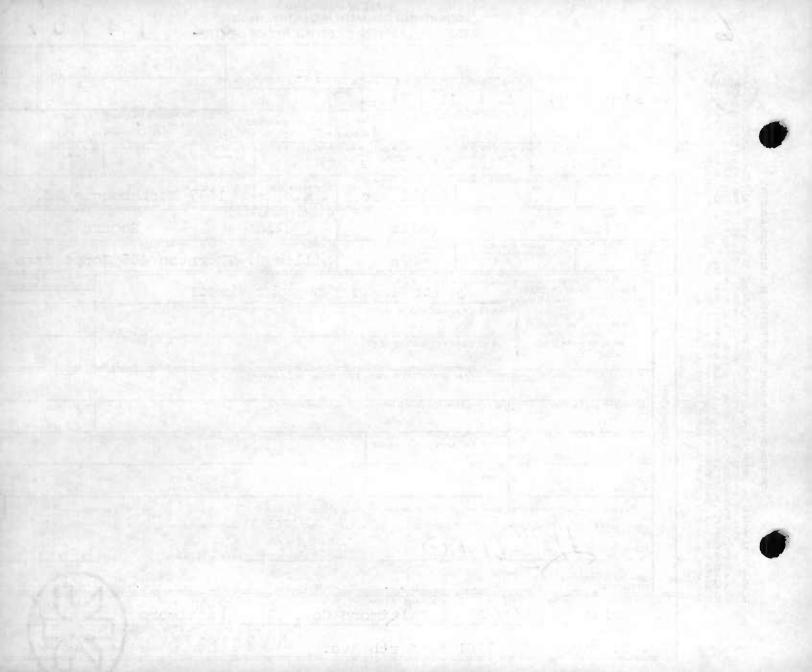
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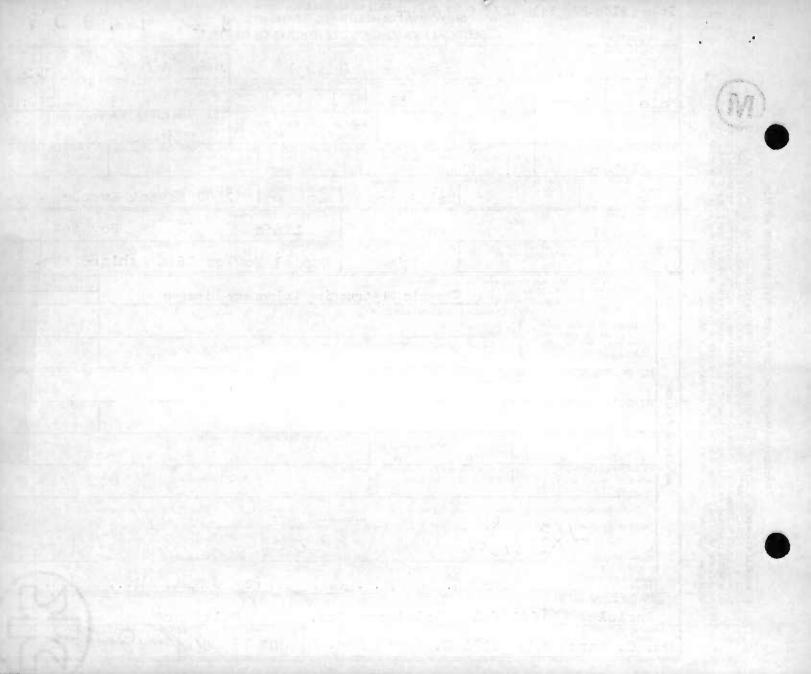


DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE MEDICAL EXAMINER'S CERTIFICATE OF DEATH REGISTRAR DECEASED NAME OF ESTI-MONTH 76 HOUR (TYPE OR PRINT) Magnolia Foster 4 RACE AGE (IN YEARS IF UNDER 1 YR 2d HOUR DATE AST BIRTHDAY PRONOUNCED Black 11 Female To BIRTHPLACE (STATE OR 76 CITIZEN OF WHAT COUNTRY? 9. BALTIMORE CITY OR COUNTY OF DEATH MARRIED | NEVER MARRIED | FOREIGN COUNTRYL Baltimore City S.C. USA DIVORCED CITY OR TOWN OF DEATH II. NAME OF HOSPITAL, NURSING HOME, OR OTHER INSTITUTION 120. USUAL OCCUPATION (TYPE OF WORK 126 KIND OF BUSINESS Good Samaritan Hospital DOA Baltimore ISUAL RESIDENCE (IF IN NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) 13d. INSIDE CITY LIMITS? 1637 Northbourne Rd. Baltimore NO [] 14. FATHER'S NAME 15. MOTHER'S MAIDEN NAME MIDDLE MIDDLE LAST ulia Willie Polita Rogers IAN SOCIAL SECURITY NO ADDRESS In WAS DECEASED EVER IN U.S. ARMED FORCES? N/A Lillie M. Thornton 405 Joppa Farm No 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BETWEEN ONSET AND DEATH Hypertensive cardiovascular disease PART I DEATH WAS CAUSED BY. IMMEDIATE CAUSE (o) DUE TO, OR AS A CONSEQUENCE OF Conditions, if any, which gave rise to immediate cause (a) stating the under-DUE TO, OR AS A CONSEQUENCE OF lying cause last. PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (a) CERTIFICATION 19a DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED? 20 AUTOPSY? YES NO [XX 21a EXTERNAL CAUSE WAS 21b. TIME OF INJURY 21c. HOW INJURY OCCURRED LENTER NATURE OF INJURY IN ITEM T8 PART T OR PART 2 HOUR A.M. MONTH DAY YEAR UNDERLYING CONTRIBUTING CAUSE OF DEATH 19 21e PLACE OF INJURY 21 LOCATION STREET, FACTORY, FARM FTC 1 STREET STATE CITY OR TOWN COUNTY WHILE AT WORK AT WORK Inspection X 220 I certify that I taak charge of the remains described above, held an and in my apinion death resulted from: Undetermined manner TITLE (SPECIFY) 6/23/82 Assistant SIGNATURE TO MEDI EXECUTE PAGE 4 TO FUNE AFTER DE BALTIMO EXAMINER'S NAME ADDRES 111 Penn STreet, Balto., MD 21201 Hormez R. Guard, M.D. (TYPE OR PRINT) 236. LOCATION MD Burial Baltimore 6/28/82 Baltimore Cem. 24. FUNERAL DIRECTOR 250. DATE REC'D. BY REGISTRAR 256 REGISTRAR'S SIGNATURE **DHMH** - 17 1101 E. North Ave. Wm. C. March F/H (VR A15 ME (5)) 20M 4/82

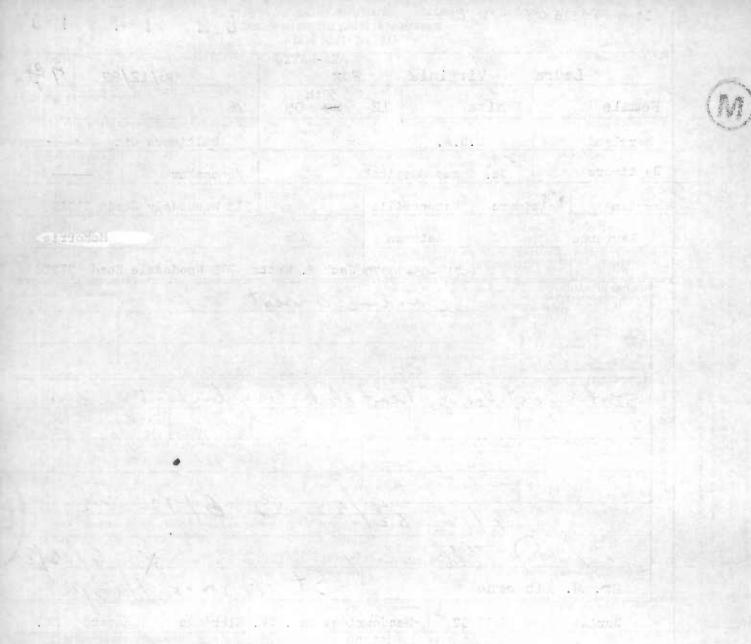


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- 1.	FOR #108 STATE REGISTRAR	-22a Fi	1m G568 66 MED	STA SEPARTMENT OF DICAL EXAMIN	TE OF MARYLA HEALTH AND A IER'S CERTIF		DEATH "	REG. NO.	4	9 0	9
(1	ECEASED NAME YPE OR PRINT)	Davi		Fowler	2 (Fow1		DEATH	NOWN X	мамін б	[□] 12 * 82	M
		Black	5. DATE OF BIRTH MONTH DAY 3 28 76. CITIZEN OF WH	67 LAST BIRTHD	ARS IF UNDER 1 YEAT) MONTHS DAYS		PRONOUN DEAD	6	12	19 82	2d HOUR 2 8:03/
5	FOREIGN COUNTRY] MI CITY OR TOWN OF		US	SA PITAL, NURSING HOME	WIDOWED	DIVORCED	×	timore	Ci		MD.
1	Baltimo	re	Provid	ILITY, GIVE STREET ADDRESS)	tal	TOTION 112	FOR MOST OF WORK		OF WORK	OR INDUS	
13a.	MD FATHER'S NAME	13b COUN		Baltimor	e 13d INSID	THER'S MAIDEN	2000	Bryan	t Av	enue	
160	Danie:	VER IN U.S. AR	MED FORCES?	Fowler		Linda	WI	ADDRESS	Во	ykins	
-	YES, NO, OR UNKNOW!	(IF YES, GIVE	WAR OR DATES	N/A			owler 2		shla	nd Av	
NOI	gave rise couse (o) st lying cause PART 2 OTNER SIGNI	if any, which to immediate ofting the under- last.	(b) DUE TO, OR A	Chronic Oh AS A CONSEQUENCE OF AS A CONSEQUENCE OF THE TERM	OF OF			ase			
MEDICAL CERTIFICATION	19a. DATE OF O			ION FOR WHICH OPER						20 AUTOPSY YES XX	? NO 🗆
MEDICAL CE	CONTRIBUTING	OR CAUSE OF CURRED	DEATH P.M.	MONTH DAY YEAR	216. HOW INJU	IKY OCCURRED (I	ENTER NATURE OF INJU		RT 1 OR PART		STATE
	1000	that I took charg	ge of the remains desc		Autapsy XX	micide	, Inquiry		in my opin	nion	
23a.	ACTUAL SIGNATURE EXAMINER'S NA (TYPE OR PRINT BURIAL, CREMATIC (SPECIFY) BUT 1a1 FUNERAL DIRECTO	DN,REMOVAL			M.D. Ass	ATORY 2	MEDICAL EXAMI enn Stree 34 LOCATION CITY OF TOWN Baltim D. BY REGISTRAR	et,Balt	COUNTY	MD	TATE



4	- STATE REGISTRAR	C	STATE OF MARYLAND PEPARTMENT OF HEALTH AND MENTAL H CERTIFICATE OF DEATH	IYGIENE 8 2 REG. NO.	14910
e 6 t	T DECEASED NAME (TYPE OR PRINT)		nia Fox	20 DATE OF DEATH MO	1/12/82 7 0 HOUR
M	Female	4 RACE White	5. DATE OF BIRTHSOTH	6 AGE (IN YEARS LAST BIRTHDA	AY) IF UNDER LYEAR IF UNDER 4 HRS
ner na Z	BIRTHPLACE (STATE OF FOREIGN COUNTRY) Maryland		UNTRY? 8	9 BALTIMORE CITY OF C	
by the furtiled within	Baltimore	11. NAME OF HOSPITAL,	NURSING HOME OR OTHER INSTITUTION	120 USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WO Homemaker	126 KIND OF BUSINESS OR
filled in nould be	Maryland Ba	ME OR OTHER INSTITUTION GIVE RESIDER OUNTY 13c. CITY		713 Woodsda	le Road 21228
ompletely ond 2 st	Lawrence		ethman 15 MOTHER'S MAIDEN I	NAME MIDDLE	McCormick
ond cond cond cond cond cond cond cond c	160 WAS DECEASED EVER IN U.S. (YES. NO OR UNKNOWN) (1F YE	CIVE WAR OR DATES	-05-7027D Jack F. Wa	ADDRESS	dale Road 21228
on. the low requires that the death on. hos been signed by the attent of permit. Then please remove or one prior to burial, cremation, ows any injury, or other troum.	Canditions, if ony, which gave rise to immediate cause (a), stating the underlying cause last PART 2. OTHER SIGNIFICA 19a DATE OF OPERATION 21a ACCIDENT WAS UNDERLYING	DUE TO, OR AS A CO (c) NT CONDITIONS CONTRIBUTIONS TO STREET	•	7200 AUTOPSY? 20	ON GIVEN IN PART 110 A CERTIFYING CAUSES OF DEATH? YES NO
PHYSICIAN: The trending physician this certificate hithe buriol-transit pand Mental Hygier ed or frem 18 show	OR CONTRIBUTING CAUSE O IF EITHER NOTIFY MEDICAL EXAM 216 INJURY OCCURRED WHILE NOT WHILE	FDEATH HOUR A.M. MON	19 211 LOCATION	URRED (ENTER NATURE OF INJURY IN	
to a the hospital or at the hospital or at toched for use as toched for use os toched for use os toched for use os toched for use os	220.1 certify that (I) (this h	ospital) attended the deceased and deceased the bady diter deat			19 that (I) (we) lost and have and from the causes stated
TO HOSPITAL retained by th TO FUNERAL should be deter with the State MPORTANT: F		1buerne	The ADDRESS +	Agnes	Hr3p.
BP	230. BURIAL, CREMATION, REMO (SPECIFY) Burial	236. DATE 6/16/82	Meadowridge Mem. 1		Howard Md.
HMH - 16 50M 1/B1 (VRA 15, 4)	24 FUNERAL DIRECTOR NAME Hubbard Funeral	Home, Inc. 41		ATE REC'D. BY REGISTRAR 256,	Pane San Marth

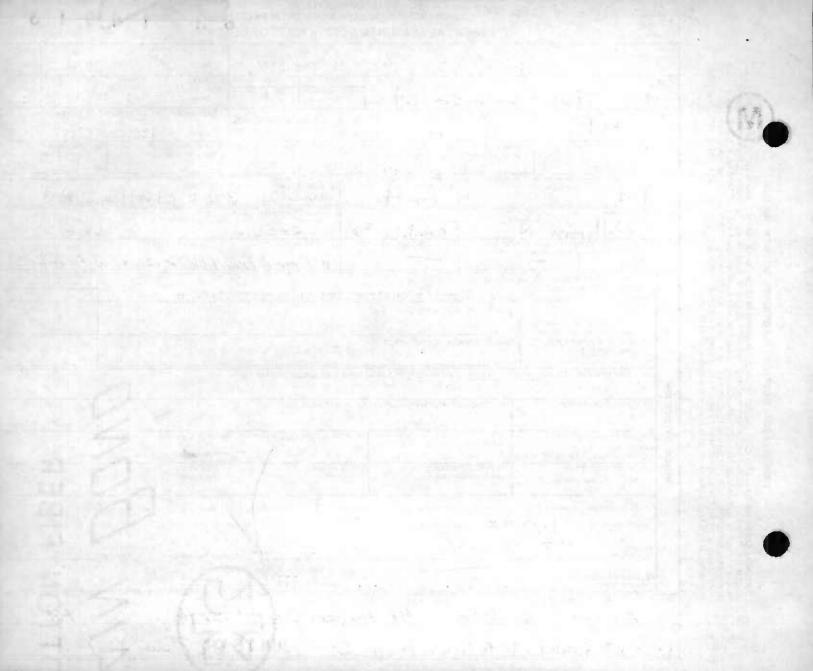


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H. Karalin Journal of 1/50- Mt. Cularyle Hit Court II L Carell 1942 Which has the 1912 the

2	2	11-	STATE	8a-22a F	ilm G568	DEPARTM	ENT OF HE			HYGIENE	.2	14	19	1	3
10	•		REGISTRAR CEASED NAME	FIRST	M	MIDDLE	XAMINER	LAST	FICATE	OF DEAT		EG. NO.	TH DAY	YEAR	2b. HOUR
11	w .: ¿o		E OR PRINT)	1127	7.4				ئا 7 يا محمد		OF ES	[]- ^ <u></u>	7.0	00	ZB. HOUR
O	PLEASE ECTOR. POURS STREET	3. SE)	(4	RACE	1 i am	N 16	. AGE (IN YEARS	IF UNDER TY	rankli	11901	DATE	MONI			2d HOUR
	N STA		Н	BIK	6-16	YEAR	29 YRS.	MONTHS DAY			ONOUNCED DE AD	6	12		9:22F
	SIE		RTHPLACE (STA		76. CITIZEN OF V		DV2 8	AABBIED 🗆	NEVER MARR	150 PM 9.	BALTIMORE	CITY OR COL	INTY OF E		JILMI
	第12 kg 3	1	REIGH COUNTRY)	d	u.	SA		DOWED [DIVORO		F	Baltimo	re Ci	tv	MD.
	AY IS THE PAGE 5	10.C	TY OR TOWN O	F DEATH	11. NAME OF HO	SPITAL, NURS		OTHER INST	ITUTION			N (TYPE OF WOR	ek 12h KIN	ND OF BUS	INESS
	3 TO THE F AIN PAGE LD BE FILED, ORDS, 201 V		Baltimo	re	Prov	ident	Hospita	1			TO WORKING				
21201	IF ANY DELA 3, AND 3 TO 3. RETAIN PA SHOULD BE IN SHOULD BE IN ALRECORDS,	13a S		F IN NURSING HOME O 13b. COUN	PROTHER INSTITUTION,	13c. CITY C		13d INSI	DE CITY LIMITS?	13e. STREET	ADDRESS	1 1 1		0 1	· A
	AND AND SHOUL RECO.		Md			B	Alp	YES 8		37	090	chath	tom	Rd	
MD.	PM 3. ND 2 St. V.	14, E	ATHER'S NAME	1 .	MIDDLE	LA	IST.	15. MO	THER'S MAID	EN NAME	MIDDLE		4	LAST	
ORE	SW PW OFWIT	160 V	VAS DECEASED	EVER IN U.S. ARA	N.	TRA	AL SECURITY NO	2R.	DRMANT	sie	Ar	DDRESS	he	~	
8ALTIMORE,	AFTER VE PA H FOR GES 1 SION	(Y	ES, NO, OR UNKNOW		WAR OR DATES)	168. 5001	AL SECORITY IN	1/7	11.2	VC.	VI -		1		1.51
× ×	RS A GIN WITH PA		18 CAUSE OF	DEATH (Enter and	ly ane cause per li	- A (-) (b)	1 (-))	1000	//mm/	W RAN	LINO	2231		PROXIMATE	UTERVAL
VST.	IIN 24 HOURS AFTER DEATH. IN ITEM 18. GIVE PAGES 1, S. ALONG WITH FORM PM. SIST PERMIT. PAGES 1 AND 2 HYGIENE, DIVISION OF VITA MOVAL.		PARTIDEA	TH WAS CAUSED	D BY:		obstri	ctive	ກນໂຫດກ	arv di	sease			VEEN ONSET	
PRESTON	ALONA T PER YGIE OVA	- 4	496	IMMEDIAI	E CHOSE (G)	R AS A CONS		00100	parmon	ary ar	LICELIC .				
8	WITHIN NCIL IN INER A INER A ITAL HY ITAL HY			, if any, which	(b)								6 6		
. ₹	PENCIL AMINER L-TRAN KENTAL			tating the under-		R AS A CONS	EQUENCE OF								
. 201	EXECUTED NG. IN PECAL EXAM. BURIAL - 1 AND MEI				(c)										
RECORDS,	HOULD BE EXECUTED WITHIN 24 HOURD RD "PENDING" IN PENCIL IN ITEM 11 HE MEDIONG EXAMINER ALONG USED AS A BURIAL - TRANSIT PERMIT OF HEALTH AND MENTAL HYGIENE, IRIAL, CREMATION, OR REMOVAL.	NO	PART 2 OTHER SIGN	HEICANT CONDITIONS	CONTRIBUTING TO DEAT	H BUT NOT RELATE	D TO THE TERMINAL	DISEASE OR CONO	ITION GIVEN IN PA	ART 1 (a),					
	SHOULD ORD "PEL CHIEF M E USED A T OF HEA URIAL, C	CERTIFICATION	190. DATE OF C	PERATION	196 CONE	ITION FOR W	HICH OPERATION	ON WAS PERF	ORMED?				20 A	UTOPSY?	
VITAL	WORD WORD AF CHIE ENT OF	E											Y	ES X	NO 🗌
DIVISION OF	SHOOT S		210. EXTERNAL UNDERLYING CONTRIBUTING			M. MONTH	DAY YEAR	IC HOW INJU	JRY OCCURRE	ED (ENTER NATI	JRE OF INJURY IN	ITEM 18 PART 1 OR	PART 2}		
DIVIS	THIS CERTIF WRITING WARDED TO PAGE 3 SHC TATE DEPAI 21201 PRIC	MEDICAL		NOT WHILE C		OF INJURY CTORY, FARM, ETC.	(AT HOME, 2	II. LOCATION STREET		c	ITY OR TOWN		COUNTY	77	STATE
	ME: THE CORNER PARENTE STATE		220. I certify	that I taak charg	e af the remains d	escribed abave	e, held an	Autapsy 🔀	Inspectio	n []	Inquiry .	and in my	apınıan		
	CERTIFICATE CERTIFICATE LID BE FOR DIRECTOR: WITH THE	1	death resulted	fram: Aatur	al Couses X	Accident	, Suicide	-	micide .		ined manner		оринан		
	DIE BOIRE			2///	1-11	NID.							-	- 170 11	00
	MAL MAN	1	ACTUAL SIGNATURE	11	200			A:	ssistar	MEDICA	LEXAMINER	DA1 SIG	TE (5/13/8	32
	MEDIC CUTE SE 4 S FUNE TIMOS		EXAMINER'S N (TYPE OR PRINT		Horme	R. Gu	ard,M.D	• ADDRES	s 111 F	enn St	treet				
	5AA5AA	23a.B	URIAL, CREMATI	ON, REMOVAL 2	3b. DATE			RY OR CREM		23d. LOCA	TION	C	OUNTY	CIAT	1
11	BP		Bul	RIAL	6-18-8	2	Mt- A	u bur	V CCH	E	A 110			Hd	
1511	DHMH - 17	24. FI	NAME O	OR .	ADDRE	15,	1		250. DATE		GISTRAR 25	. REGISTRAR	SSIGNATI	URE	
	(VR A15 ME (5)) 20M 4/82	V	PRNOUT	. BAILEY	1348	N. CA	HOUN.	St	JUN	1619	OL CA	inco)	Band h	RALADO	



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FOR STATE REGISTRAR

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STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE & CERTIFICATE OF DEATH

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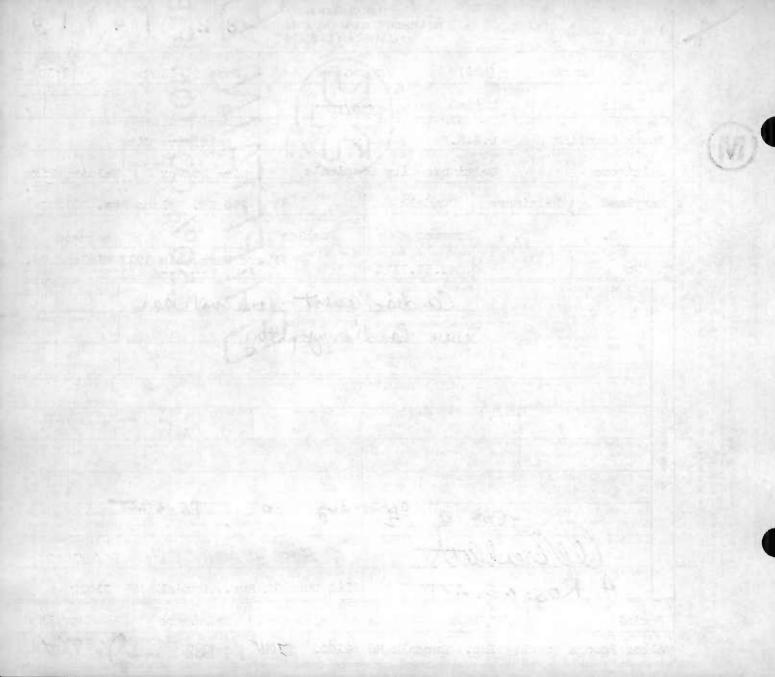
SIGNAY Wathen

						REG, N	0.		
	CEASED NAME FIR	RST	MIDDIE		TAST	20. DATE OF DEATH	MONTH DA	AY YEAR	26 HOUR
FIFE	Frank	c (nn	ni)	Fre	eman	June 9,	1982		8:30
. SE	X	4 RACE			OF BIRTH	6. AGE (IN YEARS LAST BIR		FUNDER 1 YEAR	_
	Male	Whi	te	MONT	26/1901 YEAR	80	YRS	ONTHS DATS	HOURS MIN
	RTHPLACE (STATE OR FOREIG	GN 76 CITIZEN OF	WHAT COUNTRY?	8	D NEVER MARRIED	9 BALTIMORE CITY		OF DEATH	
	outh Carolina	u.s	S.A.	WIDOW		Baltimo	re City	V	ME
0 CI	TY OR TOWN OF DEATH			IG HOME	OR OTHER INSTITUTION	12a USUAL OCCUPAT	ON	126 KIND C	OF BUSINESS OR
Ba	ltimore	Bal	timore C	ty H	ospitals	Wire Draw		Weldi	ng Wire
3a S		COUNTY Baltimore	GIVE RESIDENCE BEFORE 136. CITY OR TOW Dundal	ADMISSION)	134 INSIDE CITY LIMITS?	13e STREET ADDRESS 260 St. He	elena	Ave.	Mfgr. 21222
1 FA	THER'S NAME				15 MOTHER'S MAIDEN NA				
	S.	MIDDIE C.	Freeman	6	Rosalee	MIDDLE	N. S.	Amer	
	VAS DECEASED EVER IN U (ES NOOR UNKNOWN) NO	YES, GIVE WAR OR DATES)	248.12.			ert Persegh	in 191		and Rd.
	18 CAUSE OF DEATH (E)	nter only one couse per	line for (a), (b), one	d (c),				BETWEEN	IMATE INTERVAL ONSET AND DEATH
	PART I. DEATH WAS C	CAUSED BY: MEDIATE CAUSE (a)	(Qua	ha	auest - co	other some	000		
	4754				1				
	100		R AS A CONSEQUE	MCE OF	line with the				
	Conditions, if any, who		DETIBLE !	anc	wer was	9			
		the DUE TO, O	R AS A CONSEQUE	NCE OF		0			
	onderlying coose in	(0)							
7	PART 2 OTHER SIGNIFIC	ANT CONDITIONS CO	ONTRIBUTING TO D	EATH BUT	NOT RELATED TO THE TERM	INAL DISEASE OR CON	DITION GIVE	N IN PART 1	0,
CERTIFICATION				200					
5	198 DATE OF OPERATION	196 COND	ITION FOR WHICH	OPERATIO	ON WAS PERFORMED	20a AUTOPSY?	206. IF YES,	WERE FINDS	NGS USED OF DEATH?
111						YES NO X	YES		NO 🗌
ڙ	210. ACCIDENT WAS UNDERLY			Y YEAR	21c. HOW INJURY OCCUR	RED (ENTER NATURE OF INJU	RY IN ITEM 18 PAR	RT I OR PART 2)	2-1-1-
MEDICAL	OR CONTRIBUTING CAUSE	OL DEATH		19					
2	21d INJURY OCCURRED	21e PLACE	OF INJURY		211 LOCATION				
2	WHILE NOT WHILE [(AT HOME STI	REET, FACTORY OFFICE, E	ARM ETC)	STREET	CITY OR TO	WN	COUNTY	STATE
	220.1 certify that (1) (this	haspital) attended th	e deceased from	Long	X. QUE 10 FO	DA.	Be Tan	4	that (I) (we) lost
	saw the deceased of	100	7 4 19 5	- And	nd that in (My) (our) opinion	death accurred on the d	ote and hour		
i	226. SIGNATULE	// 1	2.1		DEGREE			22c. DATE	SIGNED
	Sel	oserbl	0000		ATTENDING PHYSICIAN	MEDICAL STAI		6/9/	1982
	226 PHYSICIAN'S NAME	(TYPE OR PRINT)			22e ADDRESS				. 11
	H. RI	DSENBO	AI		2112 Dundalk	Aye., Dund	alk Md	2122	2
30 B	URIAL, CREMATION, REM			IAME OF	EMETERY OR CREMATORY	236 LOCATION			
Ri	specify al	6/12/	1982 62	rdenc	of Faith Com	Ral + i mo	ro	COUNTY M	bre Ivrel

DHMH - 16 50M 1/81 (VRA 15, 4) 24 FUNERAL DIRECTOR

Walter Brooks Bradley Inc., Dundalk Md

TO FUNERAL DIRECTOR. After this certificate has been signed by the ottending should be detached for use as the buriol-transit permit. Then please remove corbawith the State Dept. of Health and Mental Hygiene prior to buriol, cremation, acres MPORTANT. If them 21 is marked or them 18 sheps ony injury, or other troumatics.



STATE OF MARYLAND FOR DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE CERTIFICATE OF DEATH REGISTRAR REG. NO I. DECEASED NAME 2n DATE OF DEATH (TYPE OR PRINT) 3. SEX 6 AGE LIN YEARS LAST BIRTHDAY IF UNDER 1 YEAR JULY 15, 1888 AONTHS DAYS FEMALE WHITE 93 To BIRTHPLACE ESTATE OR FOREIGN 76 CITIZEN OF WHAT COUNTRY? 9. BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED LATVIA IISA BALTIMORE CITY WIDOWERXXX 10. CITY OR TOWN OF DEATH NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION 12a USUAL OCCUPATION 12b. KIND OF BUSINESS OR AT HOME LEVINDALE HEBREW HOUSEWIFE BALTIMORE DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 2120 USUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION 13g STATE 13b COUNTY BALT IMORE 13d INSIDE CITY LIMITS? 5932 CROSS COUNTRY BLVD. 21215 MARYLAND YES XX 4 FATHER'S NAME 15. MOTHER'S MAIDEN NAME MIDDLE MIDDLE MEYER JACOBSON LENA UNKNOWN 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SECURITY NO MRS. ETHEL RAICHLEN 17 INFORMANT (YES NO OR UNKNOWN) 212-52-6759 6107 STHART AVE RALTO APPROXIMATE INTER 18 CAUSE OF DEATH (Enter only one couse per line fo PART I DEATH WAS CAUSED BY Conditions, if any, which gave rise to immediate couse (o), stoting underlying TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(g) CERTIFICATION 19a DATE OF OPERATION CONDITION FOR WHICH OPERATION WAS PERFORMED 20a. AUTOPSY? 20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? NOT YES [NO [21¢ HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18, PART 1 OR PART 2) 21a ACCIDENT WAS UNDERLYING 216 TIME OF INJURY 8 HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH MEDICAL (IF EITHER, NOTIFY MEDICAL EXAMINER) PA 19 21f. LOCATION 21d. INJURY OCCURRED 21e. PLACE OF INJURY AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.] STREET CITY OF TOWN COUNTY STATE NOT WHILE WHILE AT WORK AT WORK 220.1 certify that (I) (this haspital) attended the deceased from saw the deceased alive an_ and that in (my) (aur) apinian death accurred on the date and haur and from the causes stated abave, (1) (we) (did) (did not) view the bady after death 22b. SIGNATUR DEGREE 22c. DATE SIGNED ATTENDING MEDICAL should be deto with the Stote PHYSICIAN DIRECTOR PHYSICIAN 22d, PHY 22e. ADDRESS 23a. BURIAL, CREMATION, REMOVAL 23c. NAME OF CEMETERY OR CREMATORY 236. DATE 23d, LOCATION (SPECIFY) BURIAL COUNTY JUNE 28,1982 MARYLAND BNAT TSRAFI. BALTIMORE SOL LEVINSON & BROS., INC. 24. FUNERAL DIRECTOR DHMH - 16 50M 1/76 21215UN (VR A 15 (4)) 6010 REISTERSTOWN RD. BALTO. MD

DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

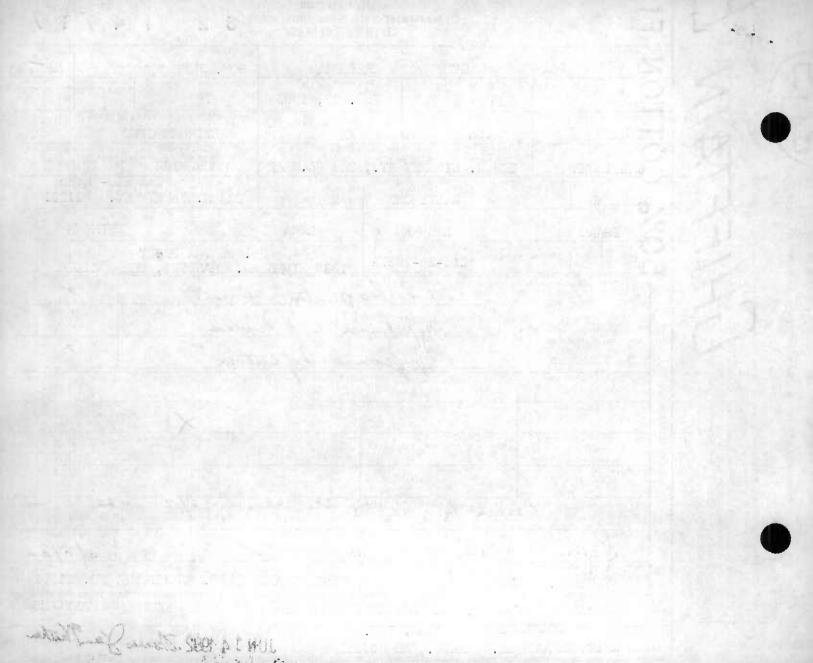
	1-	FOR STATE REGISTRAR			DEPART	MENT OF H	EALTH AND MENTAL HYG	SIENE 8	2 REG. NO	1	4	9	1	7
		CEASED NAME OR PRINT)	IDA		KATE		RIEDMAN		JUNE		82	YEAR	26 HO	SB M
	3. SEX	x		4 RACE	BER TO S	S. DATE C		6 AGE INY				R 1 YEAR	IF UNDER	R 24 HRS
	FF	EMALE	0103	WHITE		FE	B. 23, 1903		79	YRS.	MORITIS	DATS	HOUKS	(M 114)
-		RTHPLACE (STATE OR	FOREIGN		WHAT COUNTRY?	8 MARRIE	D NEVER MARRIED	9 BALTIMO	RE CITY OR	COUNT	Y OF DE	ATH		
2		ARYLAND		USA		WIDOWE	DIVORCED		TIMORE		_			MD
1		BALT I MORE		224 N	HOSPITAL, NURSING FACILITY, GIVE STREET LIBERTY	ADDRESS)	2nd FL.REAR	(TYPE OF WOR	CCUPATION FOR MOST OF USEWIF	WORKING LI		AT	HOME	
)	130. 5	AL RESIDENCE IN NUR STATE MARYLAND	13b. COU		BALT IMC		13d. INSIDE CITY LIMITS? YES X NO [13e STREET . 224	ADDRESS N.LIBI	2nd ERTY	f1 ST.	- Re #2	ar 1201	
1	14 FA	THER'S NAME ISAAC		WIDDLE	BLECHMA	AN	IS MOTHER'S MAIDEN NAM	ME	WIDDLE		UN	KNÓŴ	ħ	
/	16a V	VAS DECEASED EVER YES NO OR UNKNOWN) NO		MED FORCES? /E WAR OR DATES)	166 SOCIAL SECU 214-26-1				THA PI)	210	76	
		PART I. DEATH V Conditions, if ony gove rise to im couse (a), stoffi underlying cause	IMMEDIA , which mediate ng the	DUE TO, OI	RAS A CONSEOU PAY	eter	un Co Pa	Here	-			Ĩ,	?	
	NOI	PART 2 OTHER SIG	NIFICANT	conditions <u>cc</u>	ONTRIBUTING TO	BEATH BUT	NOT RELATED TO THE TERM	NNAL DISEAS	OR COND	ITION GIV	VEN IN I	PART 110) '	
2	TIFICA	190 DATE OF OPERA	TION	19b. CONDI	TION FOR WHICH	OPERATIO	N WAS PERFORMED	200 AUTC	NOX NO	20b. IF YE IN CERTII	FYING (FINDIN	OF DEA	D TH?
1	MEDICAL CERTIFICATION	210. ACCIDENT WAS UN OR CONTRIBUTING [] (IF EITHER NOTIFY MED	CAUSE OF DE	P./	M. MONTH D M.	AY YEAR	21c. HOW INJURY OCCUR	RED (ENTER NA	ture of injury	IN ITEM 18	PART 1 OR	PART 2)		
	MED	21d. INJURY OCCUR WHILE AT WORK NOT WE AT WO	HILE	21e PLACE ((AT HOME, STR	DE INJURY EET, FACTORY, OFFICE, I	0	21f LOCATION SIREET		CITY OR TOW	N	co	YINU		STATE
		22a. I certify that (I) saw the deceos abave, (I) (we) (22b. SIGNATURE	ed alive an	tal) attended the	24 19		nd that in (my) (our) opinion of	death occurre	d on the dat	e and hou				
		22d PHYSICIANIS N	AME ITYPE	golal	ny		ATTENDING PHYSICIAN E	DIRECTOR	STAFF PHYSICI	AN 🗌	12	6/	8/8	32
		SYLVAN		OLDBERG	0		MEDICAL ART				RE,	MD.	2120)1
	23a 8	BURIAL, CREMATION BURIAL	REMOVAL	JUNE 9	,1982 H	NAME OF C	FRIENDSHIP	23d LOC/	ALTIM	ORE	COUN	TY MAR	YLA	ND.

DHMH - 16 50M 1/81 (VRA 15, 4)

24 FUNERAL DIRECTOR SOL LEVINSON & BROS, 6010 REISTERSTOWN RD. BALTO, MD

21215

250 DATE RECD. BY REGISTRAR 25 MEGISTRAR SIGNAR BETTER
JUN 14 1982 Chances



DHMH - 16 50M 1/81 (VRA 15, 4)

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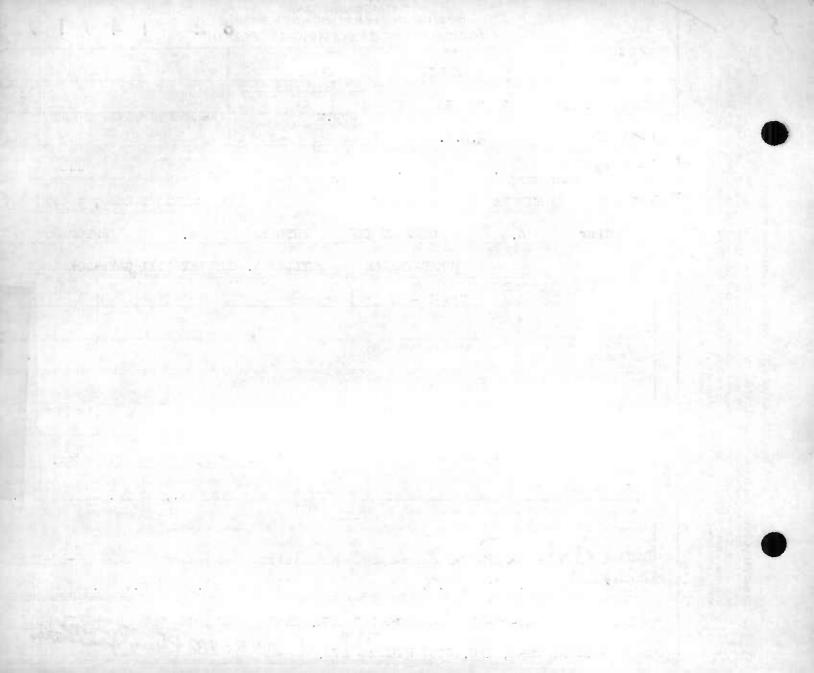
STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE &

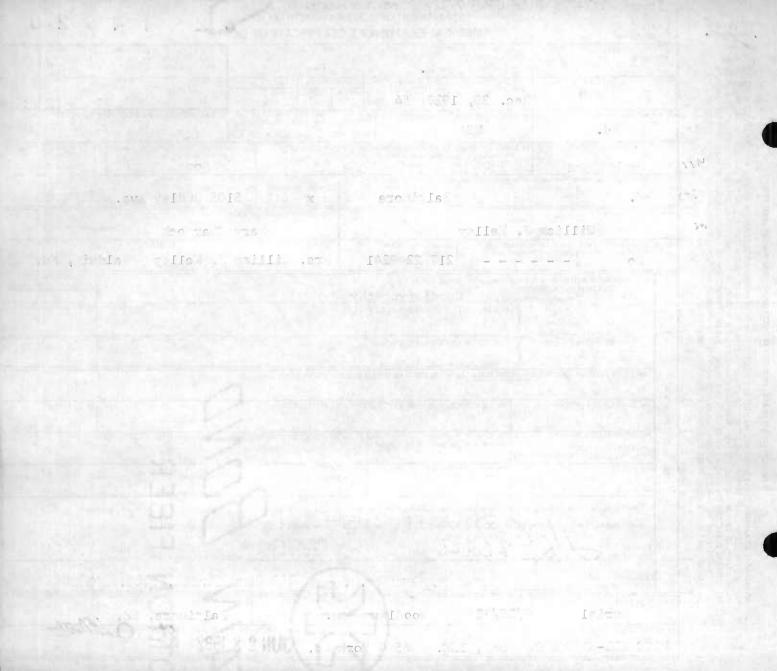
1	REGISTRAR		CERTIFICATE OF DEATH	REG. NO.	
	ECEASED NAME FIRST PE OR PRINTS	WIDDLE	LAST	20. DATE OF DEATH MONTH	DAY YEAR 25 HOUR
	TAMER		FRISBY	JUNE 7, 198	32 2:55pm
1.5	EX	4. RACE	5. DATE OF BIRTH MONTH DAY YEAR	6 AGE (IN YEARS LAST BIRTHDAY)	MONTHS DATE HOURS MIN.
1	-	BLACK	12 23 18		(RS
5	COMMENT COMMENT	76. CITIZEN OF WHAT COUNTRY?	MARRIED NEVER MARRIED	9 BALTIMORE CITY OR CO	
10.0	CITY OR TOWN OF DEATH	11 NAME OF HOSPITAL MILIPSIA	WIDOWED DIVORCED DIVORCED DIVORCED	BALTIMORE 120 USUAL OCCUPATION	
3	SALISBURY	OHNS HOPKIN	S HOSPITAL	TYPE OF WORK FOR MOST OF WORK	12b. KIND OF BUSINESS OR INDUSTRY
2			N 13d. INSIDE CITY LIMITS?	13e STREET ADDRESS BO.	153
0	ERVIN	7. FRISH	IS MOTHER'S MAIDEN NA	ette G.	GibSON
	WAS DECEASED EVER IN U.S. AR	MED FORCES? (E WAR OR DATES) 215-94-	RITY NO. 17 INFORMANT	FRISHY Add	ame as above
3	18 CAUSE OF DEATH (Enter on	ily ane cause per line for (a), (b), an	d (c)		APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
1	PART I. DEATH WAS CAUSE	D BY: TE CAUSE (a) COTO	diae arrest		Immediate
7	1767	DUE TO, OR AS A CONSEQUE	ENÇEOF		91.0
	Conditions, if any, which gave rise to immediate	(16) <u>Se</u>	ptic shock		(m)
	cause (a), stating the underlying cause last.	DUE TO, OR AS A CONSEQUE	ENCE OF	ent disease	
- [
Z	tracheo	-esophagen fis	DEATH BUT NOT RELATED TO THE TERM	INAL DISEASE OR CONDITION	N GIVEN IN PART 1(0)
CERTIFICATION	190 DATE OF OPERATION		OPERATION WAS PERFORMED	INC	FYES, WERE FINDINGS USED ERTIFYING CAUSES OF DEATH?
HE LE	210. ACCIDENT WAS UNDERLYING	216 TIME OF INJURY	21c HOW INJURY OCCUR	YES NO NOTE OF INJURY IN ITE	YES NO NO
24	OR CONTRIBUTING CAUSE OF DEA	HOUR A.M. MONTH DA	AY YEAR	(ENTER NATURE OF MIDER IN HE	M (B PART (ORPART 2)
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×	Stewart Not west I	(AT HOME, STREET, FACTORY, OFFICE, F	ARM. ETC) STREET	CITY OR TOWN	COUNTY STATE
1	22a.l certify that (I) (this haspit	tal) attended the deceased from_	3/4/02 19 82	-, to 4/7	, 19
0	sow the deceased alive an abave, (1) (we) (did) (did na	19	and that in (my) (aur) opinion	death occurred an the date and	d haur and from the causes stated
H.	22b. SIGNATURE	1. 21.	DEGREE		22c. DATE SIGNED
	Kun	Saly M	ATTENDING PHYSICIAN	MEDICAL STAFF DIRECTOR PHYSICIAN	8 6/7/82
	22d. PHYSICIAN'S NAME (TYPE O	T. Faheg, n	D JOHNS	Hopkins Hos	pital
?3a	BURIAL CREMATION, REMOVAL	236 DATE 23c N	NAME OF CEMETERY OR CREMATORY	23d LOCATION	COUNTY STATE
74 F	UNERAL DIRECTOR	6-14-82)	T. MARY'S	West Posto	Hice Som, Md.
	Jolley Memoria	of Chapel -DDRERY	12 SALIS JU	1 2 1 1982 2	GISTRAD'S SIGNA RE

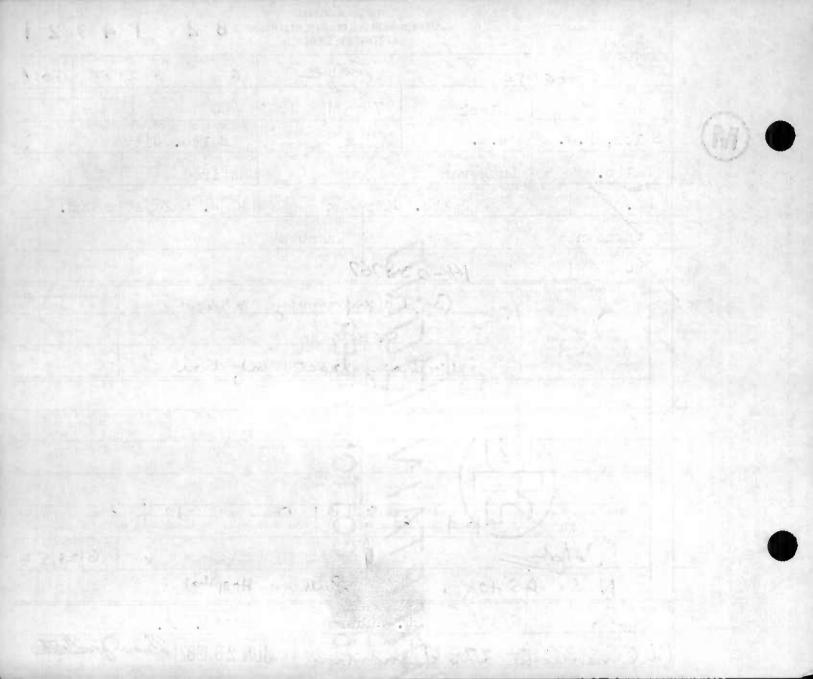
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6	1	STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE DEPARTMENT OF HEALTH AND MENTAL HYGIENE									6	9 1	q	
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E May	2		CEASED NAME E OR PRINT)	DONNA		MARIE		FROMM	OF	KNOWN [X] ESTI- MATED	монтн 6	27 ₁₉ 82		
1 4 5 4		3. SEX	Section 1	RACE	5. DATE OF BIRTH	YEAR	6. AGE (IN YEARS IF UI	NDER 1 YR. IF UNDER	24 HRS. 2c. DATE MIN. PRONOUN DEAD	ICED	монтн	27 1982	24 HOUR 3:12	
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TO THE	35	,	Baltimo	re	St. Agr	nes Ho	sp. (DOA)	TER INSTITUTION	FOR MOST OF WOR		F WORK	OR INDUS	TRY	
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MD. H. IF	NA MAR		ATHER'S NAME		MIDDLE	1	AST	15. MOTHER'S MAID	EN NAME	IDDLE		LAST		
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BE EXECT FOR THE PROPERTY OF T	THAN	Z	PART 2 OTHER SIGN	RECANT CONDITIONS		OUT NOT RELATE	EO TO THE TERMINAL DISEAS	E OR CONDITION GIVEN IN PA	RT 1 ia .					
DIVISION OF VITAL RECORDS, S CERTIFICATE SHOULD BE EXEC RITING THE WORD "PENDING" ROEL TO THE CHIEF MEDICAL	DEPARTMENT OF HEALTH AND MENT PRIOR TO BURIAL, CREMATION, OR	MEDICAL CERTIFICATION	190. DATE OF C	PERATION	19b. CONDIT	ION FOR W	HICH OPERATION V	AS PERFORMED?			PHEADPS OF YES IN			
OF VITA ATE SHO THE CHIE	3 S S S S	CERT	210 EXTERNAL		216 TIME OF HOUR A.M		21c H	OW INJURY OCCURRI	D (ENTER NATURE OF IN)	URY IN ITEM 18 PAI	RT 1 OR PAR		NO 🗆	
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ARE D	220			NOT WHILE D	roa	d		ederick & A				City	Md.	
ATE. ORV	S H S		22a I certify	that I taak charg	e of the remains des	ribed abov	e, held an Autor	n L y	n . Inquiry	Ond	n my op	inian		
MAN TIFIC BE F	##\$3/		death resulted	d fram: Natur	ral causes ,	Accident	X, Suicide	, Homicide	Undetermined mo	onner .				
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TO MEDICAL EXAMINER: THE EXECUTE THE CERTIFICATE, PAGE 4 SHOULD BE FORW	TERDE	10° -	EXAMINER'S N (TYPE OR PRIN	')	M. Dixon,	M.D.		ADDRESS111	Penn St.,	Balto.	, Mc	d. 2120	1	
0000	E & 99	(5	SPECIFY)	ON, REMOVAL 2		1	AME OF CEMETERY C		23d. LOCATION CITY OR TOWN		COUN	ITY	STATE	
BP_			BURIAL UNERAL DIRECT	OR	07-01-82	ME	ADOWRIDGE		ELKRIDGI			MARYIA	ND	
DHMH (VR A15 /		-	NAME	1 1000	ADDRESS TOME TNC	4107	21229		N 28 1982	Prince	W.	and this	low.	
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3.	SEX	4 RAC	CE 5.	DATE OF BIRTH	YEAR L	GE (IN YEARS IF U	NDER 1 YR. IF	UNDER 24 I		DATE	MONTH	DAY	YEAR	2d. HC
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0		Y OR TOWN OF DEA	- C-	(IF NOT IN SUCH FA	CILITY, GIVE STREET	G HOME, OR OT	HER INSTITUTIO		FOR MOST C	CCUPATION (T F WORKING LIFE)	TYPE OF WORK	12b. Kir	ND OF BU	SINESS
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00		FIRST		. Kelley	t AST		FIRS'	T		arnock			LAST	
1 10	o. W	AS DECEASED EVER	IN U.S. ARMED	FORCES?		SECURITY NO.	17. INFORMA			ADDRE				
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13	CERTIFICATION	Conditions, if a gove rise to cause (a) stating lying cause last. PART 2 OTHER SIGNIFICAN 190. DATE OF OPERA	immediate g the <u>under</u> - HT CONDITIONS <u>CON</u>	(c)					a 1.				UTOPSY	NO
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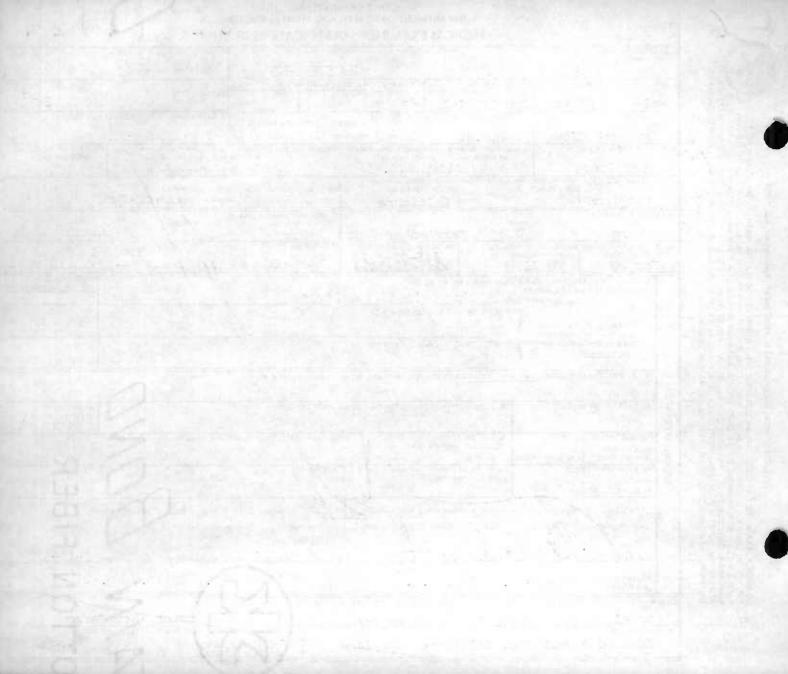


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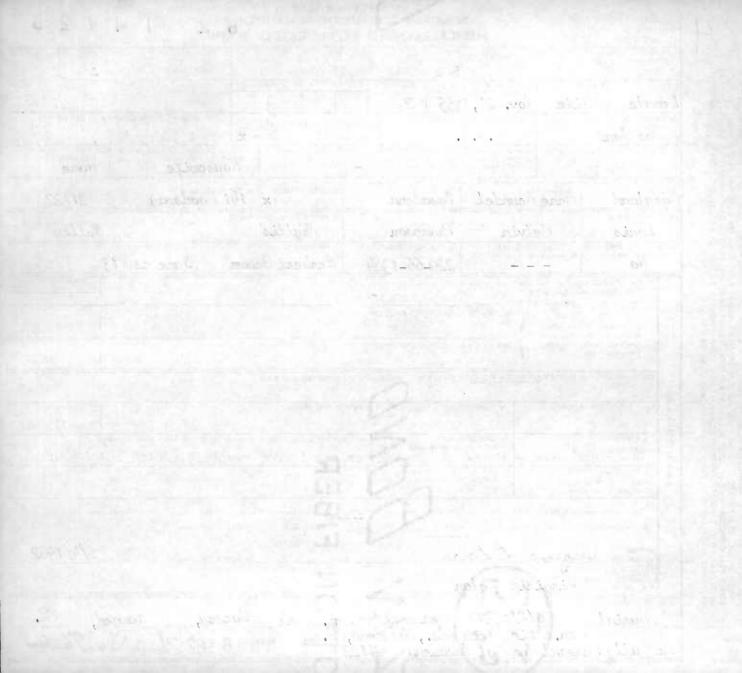
DEPARTMENT OF HEALTH AND MENTAL HYGIENE STATE MEDICAL EXAMINER'S CERTIFICAT REGISTRAR KNOWN DECEASED NAME 20 DATE (TYPE OR PRINT) William OF ESTI-Fu1p Joseph 13 82 19 3 SEX 4. RACE DATE OF BIRTH 6. AGE IN YEARS IF UNDER 1 YR. IF UNDER 24 HRS 2d HOUR DATE LAST BIRTHDAY) PRONOUNCED 13 6:32 , 82 W 6 20 66 YRS DEAD М TO BIRTHPLACE (STATE OR Th. CITIZEN OF WHAT COUNTRY? 9. BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED North Carolina U.S.A. DIVORCED X ID CITY OR TOWN OF DEATH 126 KIND OF BUSINESS Mt. Wilson Co-Baltimore Store Manager 21201 13c. CITY OR TOWN 13e. STATE 13d INSIDE CITY HIMITS? 13e STREET ADDRESS 13h COUNTY 1027 Cathedral St. Apt. 4H Baltimore Maryland YES X NO 14. FATHER'S NAME 15. MOTHER'S MAIDEN NAME MIDDLE MIDDLE William J. Molly Henderson Fulp, Sr. 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 166. SOCIAL SECURITY NO. 17. INFORMANT ADDRESS 21765 DIVISION 237-05-0562 Glenn Fulp 16573 Old Frederick Rd. CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c).) BETWEEN ONSET AND DEATH PART I DEATH WAS CAUSED BY Arteriosclerotic cardiovascular disease DUE TO, OR AS A CONSEQUENCE OF Conditions, if any, which gove rise to immediate cause (a) stating the under-DUE TO, OR AS A CONSEQUENCE OF lying couse last. PART 2 DTNER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART LIGHT E 3 SHOULD BE USED A E DEPARTMENT OF HE ST PRIOR TO BURIAL, (19a DATE OF OPERATION 196. CONDITION FOR WHICH OPERATION WAS PERFORMED? 20 AUTOPSY? YES X NO [210 EXTERNAL CAUSE WAS 216. TIME OF INJURY 21c. HOW INJURY OCCURRED LENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 21 HOUR A.M. MONTH DAY YEAR UNDERLYING OR MEDICAL CONTRIBUTING CAUSE OF DEATH 21e PLACE OF INJURY (AT HOME 21f. LOCATION STREET, FACTORY, FARM, ETC.) STREET CITY OF TOWN COUNTY STATE AT WORK AT WORK 220 I certify that I took charge of the remains described above, held an Notural causes KX death resulted fram. EXECUTE THE CER PAGE 4 SHOULD TO FUNERAL DIR AFTER DEATH, WI BALTIMORE, MAR TITLE (SPECIFY) ACTUAL 6/13/82 M.D. Accictant MEDICAL EXAMINER SIGNATURE EXAMINER'S NAME Hormez R. Guard.M.D. 111 Penn Street, Balto., MD 21201 TYPE OR PRINT 230. BURIAL, CREMATION, REMOVAL 236 DATE 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION Lisbon Burial 6/16/82 True Gospel Cemetery Howard 24. FUNERAL DIRECTOR 250. DATE REC'D. BY REGISTRAR 1256 REGISTRAR'S SIGNATURE 21229 **DHMH - 17** Hubbard Funeral Home, Inc. 4107 Wilkens Ave. (VR A15 ME (5)) 20M 4/B2

S. R. P. al. and A. Marine and A. C. Contraction of the Contraction of Carlo to fo A car are off and our decorate

DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE MEDICAL EXAMINER'S CERTIFICATE OF DEATH REGISTRAR DECEASED NAME 2a. DATE KNOWN 2h HOUR LTYPE OR PRINTI ESTI-DEATH MATED 19 82 HENRY FURSTENBERG 6 .7 .Tr 4 RACE A. AGE (IN YEARS | IF UNDER 1 YR IF UNDER 24 HRS DATE LAST BIRTHDAY) PRONOUNCED 19 82 10 Male White Nov 10, 1919 62 Th CITIZEN OF WHAT COUNTRY? 78. BIRTHPLACE (STATE OR 9 BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED FOREIGN COUNTRY New York Citu U.S.A. DIVORCED Baltimore City 10 CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL NURSING HOME, OR OTHER INSTITUTION 126 KIND OF BUSINESS FOR MOST OF WORKING LIFE! Baltimore 2920 Overland Ave. Bar Tender UAL RESIDENCE LIF IN NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION 13e. STATE 13r CITY OR TOWN 134 INSIDE CITY LIMITS? 134 STREET ADDRESS 13b COUNTY Maryland Baltimore NO 2920 Overland Ave 14. FATHER'S NAME IS, MOTHER'S MAIDEN NAME MIDDLE MIDDLE LAST .7 Henru Furstenberg Sr Maru Brunner 16g WAS DECEASED EVER IN U.S. ARMED FORCES? 17. INFORMANT 166 SOCIAL SECURITY NO. I HE YES, GIVE WAR OR DATES! WW 11 Mr Michael Furstenberg Flemington, 18 CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). BETWEEN ONSET AND DEATH PART I DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o) Cirrhosis of the liver DUE TO, OR AS A CONSEQUENCE OF Conditions, if ony, which gave rise to immediate cause (a) stating the under-DUE TO, OR AS A CONSEQUENCE OF lying couse last. PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (d) 19a DATE OF OPERATION 19h CONDITION FOR WHICH OPERATION WAS PERFORMED? 20 AUTOPSY? 21d EXTERNAL CAUSE WAS 216. TIME OF INJURY 21c. HOW INJURY OCCURRED LENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 21 HOUR A.M. MONTH DAY YEAR UNDERLYING OR CONTRIBUTING CAUSE OF DEATH 21e PLACE OF INJURY (AT HOME 21d INJURY OCCURRED 21f LOCATION STREET, FACTORY, FARM FTC 1 STREET CITY OR TOWN COUNTY STATE WHILE AT WORK 22g. I certify that floor charge of the remains described above, held an Undetermined manner TITLE (SPECIFY) ACTUAL DATE SIGNED 6-11-82 M.D. Deputy ChiefEDICAL EXAMINER 111 Penn St., Balto., Md. 21201 EXAMINER'S NAME Thomas D. Smith, M.D. 23a. BURIAL, CREMATION, REMOVAL 23b. DATE 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION Burial Flemington, New Jersey 6/16/82 St Magdalen 24 FUNERAL DIRECTOR 250. DATE REC'D. BY REGISTRAR 250. REGISTRAR'S SIGNATURE **DHMH - 17** Leonard J Ruck Inc. Baltimore, Maryland (VR A15 ME (5)) 20M 4/B2



					STAT	E OF MARY	LAND					
		FOR STATE			DEPARTMENT OF H	EALTH AND	MENTAL H	GIENE		4	92	5
		REGISTRAR		MEI	DICAL EXAMINE	ER'S CERT	IFICATE O	DEATH	REG. NO	D		
		CEASED NAME	FIRST		MIDDLE	LAST		20. DAT	E KNOWN X	MONTH	DAY YEAR	26. H
-			Linda	9	Sue	Gallo	way	DEAT	H MATED	1 6	4 19 82	
	3. SEX	4. F	RACE	DATE OF BIRTH	6. AGE IN YEA	RS IF UNDER 1	YR. IF UNDER 2			MONTH	DAY YEAR	2d F
	Fe	nale 1	hite !	Nov. 29.7	1955 26 YR	7110111110	AYS HOURS	MIN. PRONO	UNCED AD	6	4 1982	5:
		RTHPLACE (STATE	OR	76 CITIZEN OF WH		8 MARRIED T	NEVER MARRIE	9. BALT	IMORE CITY O	RCOUNTY		
5	1	Paryland		U.S.+	1.	WIDOWED [DIVORCE		altimore	e City		
-	10 CI	TY OR TOWN OF	DEATH		PITAL, NURSING HOME,	OR OTHER INS	TITUTION	120 USUAL OCC	UPATION (TYPE	E OF WORK	OR INDUST	JSINES
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<u>(</u>	2	Louis	Me	Ivin	hompson		Phyllis		MIDDEL		Dudley	
	76a. V	AS DECEASED E	VER IN U.S. ARM	ED FORCES?	166 SOCIAL SECURITY		FORMANT	460	ADDRESS		-	- 14
		ES, HO OR UNKNOWN	-		220-66-138	84 He	enbent Bi	rown	Same a	us #13		
		II CAUSE OF D	EATH (Enter only	ane cause per line	far (a), (b), and (c).)						APPROXIMAT BETWEEN ONSE	EINTER
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	RTIF	AL ENTERNIAL C	2414/22144	014 7144	N Livery	Tax					YES XX	NO
3	LCE	216 EXTERNAL C	OR OR	21b. TIME OF HOUR A.M	MONTH DAY YEAR		JURY OCCURRED					
	MEDICAL	CONTRIBUTING	CAUSE OF DE		5 30 1982 OF INJURY (AT HOME.	drive	r in mot	orcycle.	/fixed	object	impac	Ť
	MEC	WHILE N	OT WHILE XX	STREET BACT	ORY, FARM, ETC.]	STREET	14	CITY OR	TOWN	COUN	TY	S
5		WHILE AT WORK	TWORK	`	3	?						
-		220 certify th	hat I taak charge	of the remains des	cribed obave, held an	Autopsy X	Inspection	. Inqui	ry . an	d in my apin	ian	
2	4.	death resulted f	ram: Natura	I causes ,	Accident XX, Suice	ride, H	damicide .	Undetermined	manner .			
C	1			D R	^	TIT	TLE (SPECIFY)				1111.	000
2				/ /	lan	M.D		MEDICAL EX	AMINER	DATE SIGNED	6/4/19	182
2		ACTUAL SIGNATURE	Vergene	2 220								
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2			Jergme ME Virgi	nia Dole	ın	ADDRE	ESS					
2		SIGNATURE		nia Dole	in 231. NAME OF CEM Meadownia	ETERY OR CRE/	MATORY	23d LOCATION DO NOE		Howan		Tid.
TO FUNERAL DIRECTOR: PAGE 3 SHOULD BE USED AS A BURIAL TRAFFER DEATH, WITH THE STATE DEPARTMENT OF HALTH AND MENT BALTIMORE, MARYLAND, 21201 PRIOR TO BURIAL, CREMATION, OF		SIGNATURE	Utrame ME V:	2 2 2 10								



91 , 20	1	FOR - STATE REGISTRAR		DEPARTI	MENT OF E	FICATE OF DEATH REG. NO. 1 4 9 2					
be 3		ECEASED NAME FIRST PE OR PRINT) IRVING	SA	MUEL (GANS	AST		MONTH DAY	YEAR 2b HOUR 82 6:53Pm		
ge 4 may	3 SE	MALE	4 RACE WHITE		S. DATE O		6 AGE (IN YEARS LAST BIR	THDAY) IF UND	DER LYEAR IF UNDER 24 HRS		
Pog.	71. 8	MARYLAND	76. CITIZEN OF	WHAT COUNTRY?	8 MARRIE WIDOWI	D XXXNEVER MARRIED D	9 BALTIMORE CITY OF BALTIMOR		DEATH MD.		
s offer d		LTIMORE		HOSPITAL, NURSIN	G HOME	OR OTHER INSTITUTION	120 USUAL OCCUPATI		LOTHING MFG.		
AND 212	13a.	MARYLAND 136 COL	OR OTHER INSTITUTION	136 BALTIMO		13d. INSIDE CITY LIMITS?	130 1508 ADPENT	APT. RIDGE RD	138		
MARYL.	14. F.	MÖSES GI	eDWin	GANS LAST BERTHA			ME MIDDLE	S	SAMUE'L		
be execut an and co		WAS DECEASED EVER IN U.S. A (YES NO OR UNKNOWN) YES WWI	RMED FORCES?	E WAR OR DATES) MR			S. BLANCHE	GANS 138	#21239		
DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND NG PHYSICIAN: The low requires that the death certificate be executed within 24 first this certificate has been signed by the ottending physician and completely fille os the buriol-transit permit. Then please remove carbonpopers: Pages 1 and 2 shrull than and Mental Hygiene prior to burial, cremation, or removal.	NO	Conditions, if ony, which gave rise to immediate couse ioi, stating the underlying couse last.	the DUE TO, OR AS A CONSEQUENCE OF abolianta,						APPOXIMATE INTERVAL BETWEEN ONSET AND DEATH PART TO		
AL RECOI	CERTIFICATION	190 DATE OF OPERATION	196 COND	dition for which operation was performed			200 AUTOPSY?	206. IF YES, WER IN CERTIFYING YES	E FINDINGS USED AUSES OF DEATH? NO		
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ENDING Pol or after to use os the Health and is morked	¥	WHILE NOT WHILE AT WORK 220 I certify that X (this hosp	WHILE AT WORK AT WORK AT WORK (this hospital) attended the deceased from 6-23 19.82 to 6-26 19.82 that (180 we) lost								
PITAL OR ATTI by the hospit ERAL DIRECTG ee detached for State Dept. of		276. SIGNATURE	to set the deceased of the dec								
O HOSF retained TO FUNI should b with the	23a. (BURIAL CREMATIONVA	236 DATE	1230 N	IAME OF C	BVAMC EMETERY OR CREMATORY	23d. LOCATION				
149BP		NNXXX	JUNE 2	9,1982 L	OUDON	PARK	BALTIMO		MAKILAND		
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1.	FOR STATE REGISTRAR			DEP	ARTMENT OF H	E OF MARYLA EALTH AND M ICATE OF D	ENTAL HYG	IENE 8	2 REG. N	1	4	9	2	7
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160 \	WAS DECEASED EVER YES, NO OR UNKNOWN)		NED FORCES? WAR OR DATES)		SECURITY NO. 32-5238	Mrs. L	oris	timor Cumb	e,ADDR	end-4	646	120 Pa	6. rks	ide
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1 11	710 ACCIDENT WAS UN	DERLYING T	71b TIME	OF INJURY		71r HOW IN I	LIPY OCCUPE	ED /savenan	1nr. 01 n.u	IDV ID ATENA 18	04014.00	0.0101		-

HOUR A.M. DAY YEAR OR CONTRIBUTING CAUSE OF DEATH P.M

211 LOCATION CITY OR TOWN COUNTY STATE AT HOME STREET, FACTORY OFFICE, FARM, ETC) NOT WHILE opinion death occurred on the date and hour and from the causes stated

DEGREE

ATTENDING MEDICAL STAFF
PHYSICIAN DIRECTOR PHYSICIAN D 22d. PHYSICIAN'S NAME ITYPE OR PRINT 22e ADDRESS CORPORATION CHURCH HOSPITAL

KAWAJA, 100 NORTH BALTIMORE, M.D. MD

June 5,1982-Schwartz Cemetery-Baltimore, Maryland

14 FUNERAL DIRECTOR John A. Horan, Inc. Funeral Home 156 MARED. BY SEGISTRAR 235 FEGISTRAR 235 FEGISTRAR

21e PLACE OF INJURY

DHMH - 16 50M 1/B1 (VRA 15, 4)

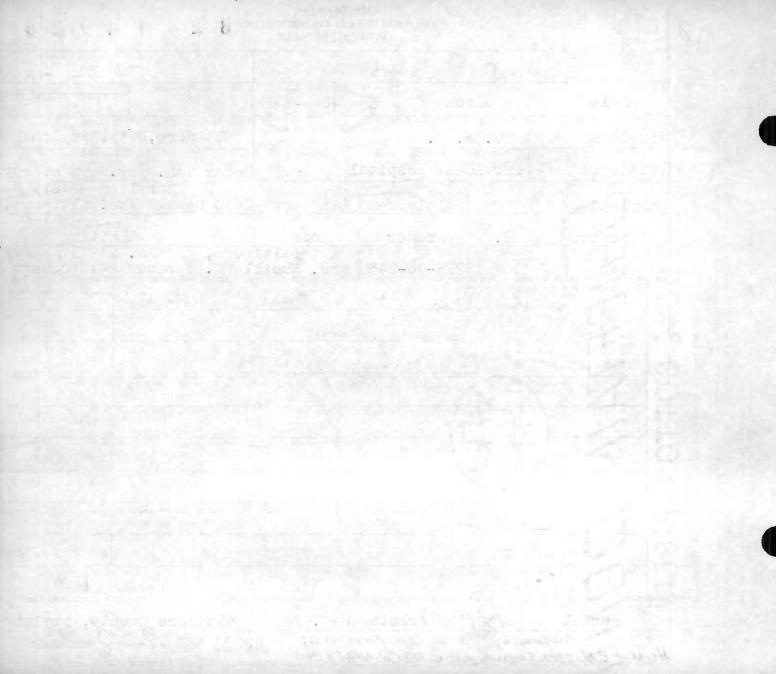
IMPORTANT: If Item 21 is marked or Item 18 shaws any

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21d INJURY OCCURRED

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STATE OF MARYLAND

CERTIFICATE OF DEATH

FOR STATE

REGISTRAR

DEPARTMENT OF HEALTH AND MENTAL HYGIENE 8 2306-4

MR. MATTHEW J. GARRETT

The second of th

STATE OF MARYLAND FOR DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE CERTIFICATE OF DEATH REGISTRAR DECEASED NAME MIDDLE LAST 20. DATE OF DEATH MONTH DAY YEAR 26 HOUR TYPE OR PRINTS TANTE GAYLORD JUNE 26. 1982 4. RACE DATE OF BIRTH AGE (IN YEARS LAST BIRTHDAY) IF UNDER I YEAR 1912 STATE OR FOREIGN N OF WHAT COUNTRY? BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED WIDOWED Y DIVORCED BALTIMORE CITY NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION 12n USUAL OCCUPATION 12b. KIND OF BUSINESS OR (IF NOT IN SUCH EACHITY, GIVE STREET ADDRESS! WORK FOR MOST OF WORKING LIFE INDUSTR: 0010 JOHNS HOPKINS HOSPITAL 13b COUNTY 13d. INSIDE CITY LIMITS? 13e STREET ADDRESS 324 DIXON FATHER'S NAME MIDDLE MIDDLE OFFICE ames 160 WAS DECEASED EVER IN U.S. ARMED FORCES? SOCIAL SECURITY NO 17 INFORMANT (IF YES GIVE WAR OR DATES) 18 CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c) PART I. DEATH WAS CAUSED BYacrest IMMEDIATE CAUSE (0) m DUE TO, OR AS A CONSEQUENCE OF Conditions, if ony, which gove rise to immediate couse lot, stoting the DUE TO, OR AS A CONSEQUENCE OF underlying cause lost NO PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1:0 CERTIFICATION 19a DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED 206 IF YES, WERE FINDINGS USED 28a AUTOPSY? IN CERTIFYING CAUSES OF DEATH? NO YES NO [21a. ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY 216 HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) 00 HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH MEDICAL (IF EITHER NOTIFY MEDICAL EXAMINER) 19 214 INJURY OCCURRED 21£ LOCATION 21e. PLACE OF INJURY CITY OR TOWN COUNTY (AT HOME STREET, FACTORY, OFFICE, FARM, ETC.) STATE NOT WHILE 22a I certify that (1) (this haspital) attended the deceased from-. that (I) (we) lost sow the deceased alive on. and that in (my) (our) opinion death accurred on the date and hour and from the causes stated above, (I)(we) (did) (did not) view the body after death 22b. SIGNAL TH DEGREE 22c. DATE SIGNED ATTENDING MEDICAL PHYSICIAN | DIRECTOR PHYSICIAN 22d. PHYSICIAN'S NAME (TYPE OR PRINT) 22e ADDRESS MPORT 구수 236. BURIAL, CREMATION, REMOVAL 23b. DATE 23d LOCATION 13 NAME OF CEMETERY OR CREMATORY DHMH - 16 50M 1/81 (VRA 15. 4)

and 18 Mary 5 1 1912 170 To Carelina & 42 A ... Carelina Care mile the Charles of Joseph Elland of the No 200 200 Halle Toucks Carther C. Margharis 4012 From Acc. Jun 20 20

BALTIMORE CITY OR COUNTY OF DEATH BALTIMORE CITY 12a. USUAL OCCUPATION 12b. KIND OF BUSINESS OR TYPE OF WORK FOR MOST OF WORKING LIFE INDUSTRY 130 STREET ADDRESS 1114 N. Milton Avenue MIDDLE Davis ADDRESS Esther Ruffin 2413 W. Coldspring Lane PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART LIG 20b. IF YES, WERE FINDINGS USED 20g AUTOPSY? IN CERTIFYING CAUSES OF DEATH? NO NO [] 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART + OR PART 2) CITY OR TOWN COUNTY STATE 19 82 , and that in my (our) opinion death occurred on the date and hour and from the causes stated 221 DATE SIGNED DIRECTOR PHYSICIAN 23d LOCATION STATE Burial 7/1/82 Baltimore Cemetery Baltimore, Maryland 24 FUNERAL DIRECTOR 25a. DATE REC'D. BY REGISTRARI25b. REG DHMH-16 30M 2/80 (VRA 15, 4) WM. C. MARCH F.H., INC. 1101 E. North Ave

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

CERTIFICATE OF DEATH

LAST

REG. NO

2g. DATE OF DEATH

- STATE

REGISTRAR

DECEASED NAME

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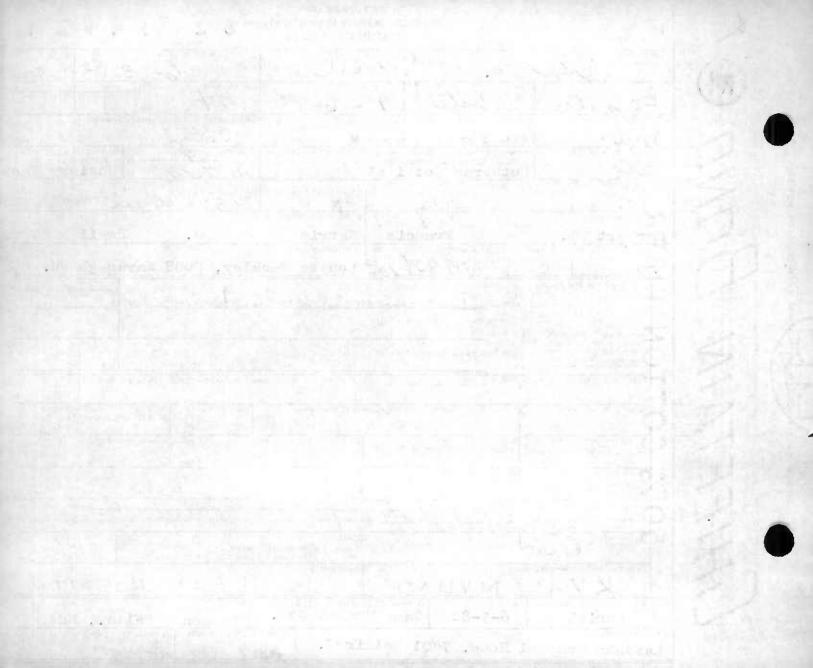
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30/	₹ø. 8	IRTHPLACE (STATE OR FO	OREIGN 76 CITIZI	EN OF WHAT COUN	ITRY? 8	NEVER MARRIED	9 BALTIMORE CITY OR CO	OUNTY OF DEATH
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		arms the decorate		Charle 1	10 182	nd that in (my) (our) opinion	death occurred on the date o	and hour and from the causes stated
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		BURIAL, CREMATION, R (SPECIFY)				EMETERY OR CREMATORY	23d LOCATION	COUNTY
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Wartinsburg Bergeley K.Ve.	purial June 7,1982 Pleasant Vie 2.0.80x 821 Drown uneral lone, Inc. Kretinsburg, E.Y.

		1			STATE OF MARYL	AND			3440 5/20
	1	1.	FOR STATE REGISTRAR	DEPAR	TMENT OF HEALTH AND CERTIFICATE OF I		0 4	14	9 3 3
3		I. DE	CEASED NAME FIRST	MIDDLE	LAST		REG. NO	O. MONTH DAY	YEAR 7h HOUR
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6		3. SE	MALE	4 RACE WHITE	5 DATE OF BIRTH MONTH DAY	YEAR 1922	6 AGE (IN YEARS LAST BIR)	THDAY) IF UN	NDER I YEAR IF UNDER 24 HRS. HS DATS HOURS MIN.
1	1		RTHPLACE (STATE OR FOREIGN	76 CITIZEN OF WHAT COUNTRY	MARRIED NEVER	MARRIED T	9 BALTIMORE CITY O	R COUNTY OF	DEATH
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AND n 24			mp Bi	ALTO ESS	EX YES [NO D	1154 F	oxwoo	DLN
DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 2120 ING PHYSICIAN: The low requires that the death certificate be executed within 24 hours attending physician.	pletel nd 2 s	14 F/	THER'S NAME	MIDDLE	15 MOTHER'S	S MAIDEN NAM	MIDDLE	5 / 5	LAST
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MOR e exe	Page Page	1		VE WAR OR DATES)		ABET	H GER	2513	ABOVE
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the	remo emo		gove rise to immediate couse (a), stating the	DUE TO, OR AS A CONSEO	UENCE OF				
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STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE CERTIFICATE OF DEATH REGISTRAR REG. NO L DECEASED NAME 2a DATE OF DEATH 2h HOUR TYPE OR PRINT IF UNDER LYEAR SEX 4 RACE 6. AGE (IN YEARS LAST BIRTHDAY) IF UNDER 24 HR 9. BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED US WIDOWED DIVORCED [NAME OF HOSPITAL NURSING HOME OR OTHER INSTITUTION 12b. KIND OF BUSINESS OR IN CITY OF TOWN OF DEATH INDUSTRY Lutheran Hospital Hosiery USUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSIONI 13e STREET ADDRESS 13b. COUNTY 13c. CITY OR TOWN 13d INSIDE CITY LIMITS? Md. 14. FATHER'S NAME 15. MOTHER'S MAIDEN NAME Beal1 MIDDLE MIDDLE Francis 0. Herbert Carrie ADDRESS 160, WAS DECEASED EVER IN U.S. ARMED FORCES? 17 INFORMANT Tedical LIF YES, GIVE WAR OR DATES! Louise Mackley. 8008 Kavanagh Rd. no APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH 18 CAUSE OF DEATH (Enter only one couse per line far (a), (b), and (c).) PART I. DEATH WAS CAUSED BY MMEDIATE CAUSE (a) DUE TO, OR AS A CONSEQUENCE OF Canditions, if any, which gave rise to immediate cause (a), stating the DUE TO, OR AS A CONSEQUENCE OF underlying couse PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110 CERTIFICATION 9 THE DATE OF OPERATION 1% CONDITION FOR WHICH OPERATION WAS PERFORMED 78s. AUTOPSYT 20s. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? NO VES [NO F 21a. ACCIDENT WAS UNDERLYING. 71h TIME OF INJURY THE HOW INJURY OCCURRED. (ENTER MAILURE OF INJURY IN STEM 18, MART I DRIVANT TO 8 HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH I IF EXPLES THOSEY MEDICAL EXAMINERS P-M 71d. INJURY OCCURRED TIE PLACE OF INJURY III LOCATION ā CITY OF TOWN COUNTR **SIA18** AT HOME STREET, FACTORY, OFFICE FARM, ETC.) NOT WHAT 22a.t certify that (1) (this haspital) attended the declased fram saw the deceased alive an and that in (my) (aur) apinian death occurred an the data and haur and from the causes stated abave, (1) (we) (did) (did nat) view the body after death 22b. SIGNATURE DEGREE IN DATESIGNED ATTENDING * MEDICAL STAFF PHYSICIAN DIRECTOR PHYSICIAN 224 PHYSICIAN'S NAME THE OF PRINTS 27e. ADDRESS the s IMPORT, shoul with 23d. LOCATION 23c. BURIAL, CREMATION, REMOVAL 23b. DATE 231. NAME OF CEMETERY OR CREMATORY CITY OR TOWN 6-5-82 Camp Chapel Cem. Burial Balto., Md. owson 24 FUNERAL DIRECTOR 250. DATE REC'D. BY REGISTRAR 256. REGISTRAR'S SIGNATURE DHMH-16 30M 2/80 Lassahn Funeral Home, 7401 BelairRd. (VRA 15, 4)



- STATE

REGISTRAR

STATE OF MARYLAND
DEPARTMENT OF HEALTH AND MENTAL HYGIENE

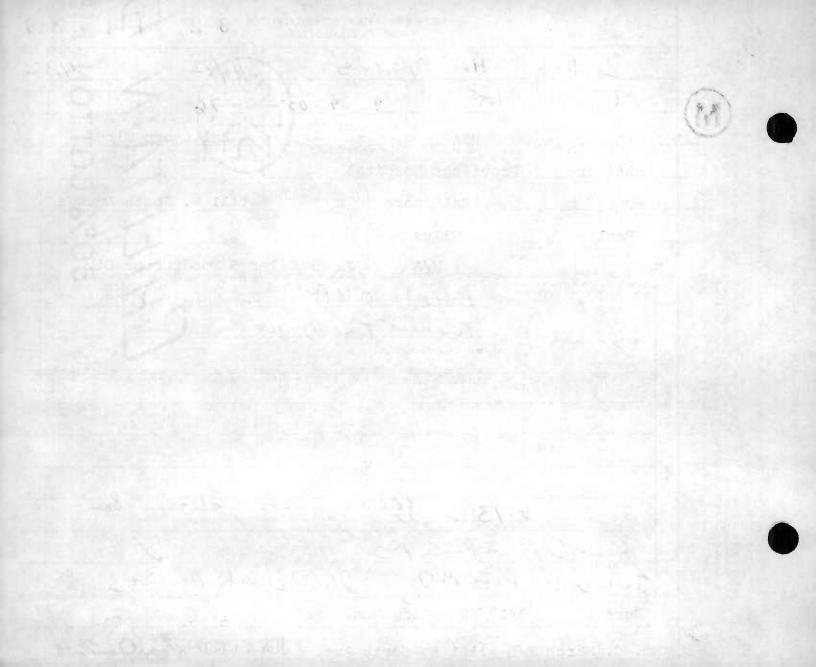
CERTIFICATE OF DEATH

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no lo	3. SE	X	4. RACE	5. DATE OF BIRT	TH DAY YEAR	6 AGE IN YEA	RS LAST BIRTHDAY)	IF UNDER		UNDER 24 HRS
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ng p bong rem	1	1001 IMMEDIAT	E CAUSE (a)	(andios	es hours	avre	1			
PRESTON ne deoth c motion, or r traumotic	1	177/	DUE TO, OR AS A CON	NETTY INTE	a dela					
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W. PR of the oy the se rem crema		couse (a), stating the underlying cause last.	DUE TO, OR AS A CON	ISEQUENCE OF						
201 es th plea priol,		PART 2 OTHER SIGNIFICANT C	CONDITIONS CONTRIBUTE	IG TO DEATH BUT NOT	DELATED TO THE TERM	INIAL DISEASE	OR COMPITION	CD/ENLINE	ADT 1	
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RECORD low requests been si be	1 E	198 DATE OF OPERATION		WHICH OPERATION WAS		200 AUTOP	SY? / 20b. IF	YES, WERE		
	CERTIFICATION	6/1/82	Colome	a b struct	Vy	YES	NO THE IN CER	YES T		DEATH?
DF VITAL I he physicion rithicote ho bi-tronsit p tol Hygien m 18 show	GE	210. ACCIDENT WAS UNDERLYING		21c.1	HOW INJURY OCCUR	RED (ENTERNATU	RE OF INJURY IN ITEM	TS PART I OR P	PART 2)	
SICIA ng ph certifi riol-tr entol them	N. P.	OR CONTRIBUTING CAUSE OF DEA	1111	19						
NG PHYSICIAN: ottending physicians, ottending physicians, otten this certificat as the buriol-tran th and Mental Hyg orked or them 18 si	MEDICAL	21d. INJURY OCCURRED	21e. PLACE OF INJURY	21f. L	OCATION		CITY OR TOWN	cou	NTY	STATE
Office of the hon hon orked	>	AT WORK NOT WHILE AT WORK	(ATTIONE STREET, PACTORY,	OFFICE, FARM, ETC.)						
a Solo a	t	22a.1 certify that (I) (this hospit	9 4 .	01-	19 7		4/4			ot (I) (we) lost
R ATTEN hospital RECTOR ned for u ept. of He		saw the deceased alive an above, (I) (we)(did)(did not	t) view the Body ofter death	_19, and that	in (my) (our) opinion	death accurred	an the dote and l	nour and fro	am the cou	ises stated
Che he he	1	22b. SIGNATURE	1	DEGRE		MEDICAL	CYACC	220.	DATESIC	SNED
RAL deta		Dund	Arms.	M	PHYSICIAN [MEDICAL DIRECTOR	STAFF PHYSICIAN		-/4/	122
OSPI ed be d be she S		22d. PHYSICIAN'S NAME (TYPE OF	SOVA	22e	ADDRESS	11.0.1	1.15 1	1.00	150	
TO HOSPITAL or retained by the TO FUNERAL I should be detained by the State in Important; if		UKVID	7004			thopie		tosp	11/4	
90112	230.	BURIAL, CREMATION, REMOVAL	23b. DATE	234 NAME OF CEMETE	RY OR CREMATORY	23d. LOCAT	ON TOWN/	COUNTY	v	STATE
10 TUBP	24.5	JUSTICAL DIRECTOR	10-1-87	Daltimo	re lem.	100	110,	, ,	MC	/,
DHMH-16 30M 2/80 (VRA 15, 4)	1/	NAME !	-D. / / -AT	DRESS 14/2 F	250. DAI	E REC D. BY REC	GISTRAR 25b. REC	BIRAR	IGNATUR	16 There
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Wm. C. March F/H 1101 North Ave.

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE &

CERTIFICATE OF DEATH

2g. DATE OF DEATH MONTH

2h HOUR

APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH

STATE

IF UNDER 1 YEAR

INDUSTRY

COUNTY

COUNTY

JUN 22 1982

220 DATE SIGNED

7:52A

a LAST

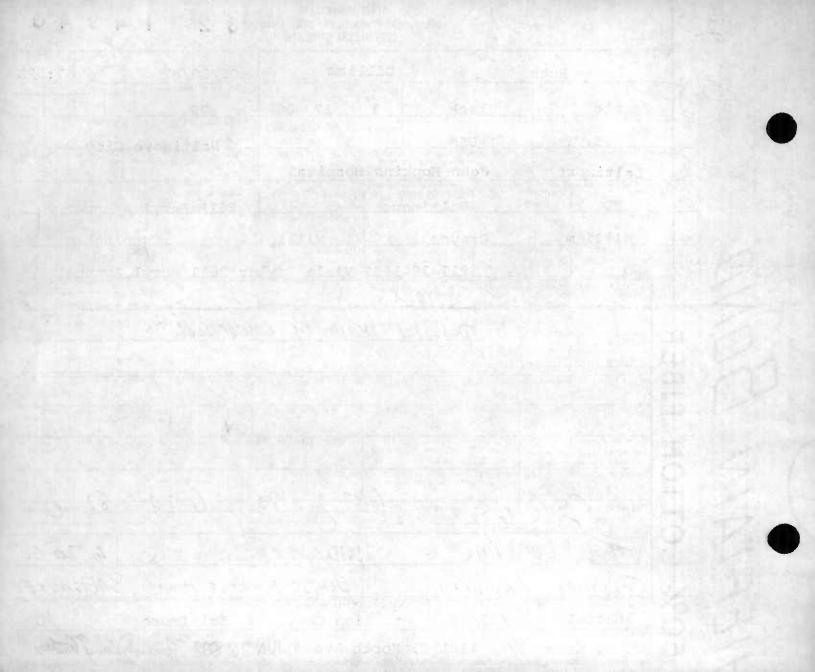
- STATE

REGISTRAR I. DECEASED NAME

24 FUNERAL DIRECTOR

DHMH - 16 50M 1/B1

(VRA 15, 4)



		500		STATE OF MARYLAND	O	1 1 0 1 1
	1-	FOR STATE REGISTRAR	DEPA	ARTMENT OF HEALTH AND MENTAL HY CERTIFICATE OF DEATH	REG. NO) M 7 M I
		CEASED NAME FIRST	MIDDLE	LAST	26. DATE OF DEATH	MONTH DAY YEAR 26 HOUR
		CATHERIN	2 Louise	GILMORE		6 19 82 M
j	3. SE>		4. RACE	5. DATE OF BIRTH	6. AGE (IN YEARS LAST BIR	THOAY) IF UNDER 1 YEAR IF UNDER 24 HRS MONTHS DAYS HOURS MIN.
١		Female	Black	11 15 12	69	YRS DAYS HOURS MIN.
	70. BII	RTHPLACE (STATE OR FOREIGN	76 CITIZEN OF WHAT COUNT		9. BALTIMORE CITY O	R COUNTY OF DEATH
1		Georgia	U.S.A.	WIDOWED DIVORCED	Baltimo	ore City MD.
į	10 CI	TY OR TOWN OF DEATH	11. NAME OF HOSPITAL, NU	IRSING HOME OR OTHER INSTITUTION	120. USUAL OCCUPATI	ON 12b. KIND OF BUSINESS OR
		Baltimore	St. Agnes	Hospital	(TYPE OF WORK FOR MOST O	F WORKING LIFE) INDUSTRY
ė	USU/		OR OTHER INSTITUTION GIVE RESIDENCE E	BEFORE ADMISSION)	1	
	130. 5	MD 136 COU	JNTY I3c CITY OR Balti		3905 CC	olborne Road
	14. FA	THER'S NAME		15. MOTHER'S MAIDEN NA		TEOLITE ROBG
į	1	Willie	MIDDLE LAST	elps Lucy	MIDDLE	Duvall
		VAS DECEASED EVER IN U.S. A		SECURITY NO. 17. INFORMANT	ADDRE	
			IVE WAR OR DATES)	16-7993 Knox C.	Cilmana 3	OOF Colbanna Da
			only one cause per line for (a), (b		GIIMOre 3	3905 Colborne Rd. APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
			DUE TO, OR AS A CONSI	EOUENCE OF		
		Conditions, if ony, which gove rise to immediate couse (a), stating the underlying couse last.	(b) DUE TO, OR AS A CONSI	EOUENCE OF		
	NO	gove rise to immediate couse (a), stating the underlying couse last.	(c)	EQUENCE OF	winal disease or cont	DITION GIVEN IN PART 1(0)
	TIFICATION	gove rise to immediate couse (a), stating the underlying couse last.	(c) (CONDITIONS CONTRIBUTING		WINAL DISEASE OR CONE 200 AUTOPSY2 YES NOT	206. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? YES \(\begin{array}{cccccccccccccccccccccccccccccccccccc
	AL CERTIFICATION	gove rise to immediate couse (a), stating the underlying couse lost. PART 2 OTHER SIGNIFICANT 190 DATE OF OPERATION 210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF D	(c) CONDITIONS CONTRIBUTING 196 CONDITION FOR WE 216 TIME OF INJURY HOUR A.M. MONTH	TO DEATH BUT NOT RELATED TO THE TERM HICH OPERATION WAS PERFORMED DAY YEAR 21c. HOW INJURY OCCUR	200 AUTOPSY2 YES NO	20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? YES \(\text{NO} \) NO \(\text{NO} \)
		gove rise to immediate couse (o), stating the underlying couse lost. PART 2 OTHER SIGNIFICANT 19a DATE OF OPERATION 21a. ACCIDENT WAS UNDERLYING	(c) CONDITIONS CONTRIBUTING 196 CONDITION FOR WE 216 TIME OF INJURY HOUR A.M. MONTH	HICH OPERATION WAS PERFORMED DAY YEAR 19 211. HOW INJURY OCCUR	206 AUTOPSY2 YES NO NO NET NATURE OF INJUR	20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? YES \(\bigcup \text{NO} \) \(\bigcup \)
	MEDICAL CERTIFICATION	gove rise to immediate couse (o), stating the underlying couse lost. PART 2 OTHER SIGNIFICANT 19a DATE OF OPERATION 21a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DETERMINED AUGUS OF DETERMINED COURRED 11d INJURY OCCURRED	CONDITIONS CONTRIBUTING 196. CONDITION FOR WE 216. TIME OF INJURY HOUR A.M. MONTH ER) P.M.	TO DEATH BUT NOT RELATED TO THE TERM HICH OPERATION WAS PERFORMED DAY YEAR 19 211 LOCATION	200 AUTOPSY2 YES NO	20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? YES \(\bigcup \text{NO} \) \(\bigcup \)
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		gove rise to immediate couse (a), stating the underlying couse lost. PART 2 OTHER SIGNIFICANT 190. DATE OF OPERATION 210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DETERMINE AUTHORS 210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DETERMINIST OF CAUSE OF DETERMINIST OF COURSED WHILE OUT OF COURSED WHILE OUT OF COURSED WHILE OUT OF COURSED 220.1 certify that (1) (this has sow the deceased alive or course of the couse of course or course of the course of course or	CONDITIONS CONTRIBUTING 196. CONDITION FOR WE 196. CONDITION FOR WE 216. TIME OF INJURY HOUR A.M. MONTH P.M. 216. PLACE OF INJURY (AT HOME. STREET, FACTORY, OF	DAY YEAR 19 211. LOCATION STREET 00. 19	200 AUTOPSY2 YES NO CONTROL NO CONTROL	20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? YES \(\bigcup \text{NO} \) \(\bigcup \)
7		gove rise to immediate couse (a), stating the underlying couse lost. PART 2 OTHER SIGNIFICANT 190. DATE OF OPERATION 210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DETERMINE AUTHORS 210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DETERMINIST OF CAUSE OF DETERMINIST OF COURSED WHILE OUT OF COURSED WHILE OUT OF COURSED WHILE OUT OF COURSED 220.1 certify that (1) (this has sow the deceased alive or course of the couse of course or course of the course of course or	[c] [CONDITIONS CONTRIBUTING [19b. CONDITION FOR WE [ATH HOUR A.M. MONTH P.M. [21e. PLACE OF INJURY (AT HOME, STREET, FACTORY, OF	DAY YEAR 19 211. LOCATION STREET 00. 19	200 AUTOPSY2 YES NO CONTROL NO CONTROL	29b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? YES NO
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The same of the sa		gove rise to immediate couse (a), stating the underlying couse lost. PART 2 OTHER SIGNIFICANT 190 DATE OF OPERATION 210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DIFFERENCE OF COURRED COURSED WHILE NOTIFY MEDICAL EXAMINA 210. IN JURY OCCURRED WHILE AT WORK 220 I certify that (1) (this has sow the deceased alive a above, (1) (we) (did) (did of a stational country).	CONDITIONS CONTRIBUTING 196. CONDITION FOR WE 196. CONDITION FOR WE 216. TIME OF INJURY HOUR A.M. MONTH P.M. 216. PLACE OF INJURY (AT HOME. STREET, FACTORY, OF	DAY YEAR 19 211 LOCATION FICE, FARM, ETC.) 211 LOCATION STREET Om	YES NO CITY OR TO	20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? YES NO
	MEDICAL	GOVE FISE to immediate couse (0), stating the underlying couse lost. PART 2 OTHER SIGNIFICANT 190 DATE OF OPERATION 210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING ☐ CAUSE OF DE (IF EITHER NOTIFY MEDICAL EXAMIN THE AT WORK ☐ NOTIFY MEDICAL EXAMIN SOW the deceased olive obove, (I) (we) (did) (did of 271 SIGNATURE)	[c] [CONDITIONS CONTRIBUTING [19b. CONDITION FOR WE [ATH HOUR A.M. MONTH P.M. [21e. PLACE OF INJURY (AT HOME, STREET, FACTORY, OF [DITO]) ottended the deceased from [10] [10] [10] [10] [10] [10] [10] [10]	DAY YEAR 19 211. HOW INJURY OCCUR 19 211. LOCATION STREET DEGREE ATTENDING PHYSICIAN 222. ADDRESS	YES NO CITY OR TO DECLIF OF INJUR CITY OR TO DECLIF OF INJUR MEDICAL STAF DIRECTOR PHYSIC	20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? YES NO
777	WEDICAL ASSESSMENT OF THE PROPERTY OF THE PROP	gove rise to immediate couse (a), stating the underlying couse lost. PART 2 OTHER SIGNIFICANT 190 DATE OF OPERATION 210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DIFFERENCE OF COURRED COURSED WHILE NOTIFY MEDICAL EXAMINA 210. IN JURY OCCURRED WHILE AT WORK 220 I certify that (1) (this has sow the deceased alive a above, (1) (we) (did) (did of a stational country).	[c] [CONDITIONS CONTRIBUTING [19b. CONDITION FOR WH [ATH HOUR A.M. MONTH P.M. [21e. PLACE OF INJURY (AT HOME, STREET, FACTORY, OF [DITO] View the body after death. [AL 23b. DATE	DAY YEAR 19 211 LOCATION STREET DEGREE ATTENDING PHYSICIAN	YES NO CITY OR TON CITY OR TON deoth occurred on the do	20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? YES NO STATE WIN ITEM IS PART 1 OR PART 2) WIN COUNTY STATE The ond hour and from the causes stated FEARLY DATE I CNED

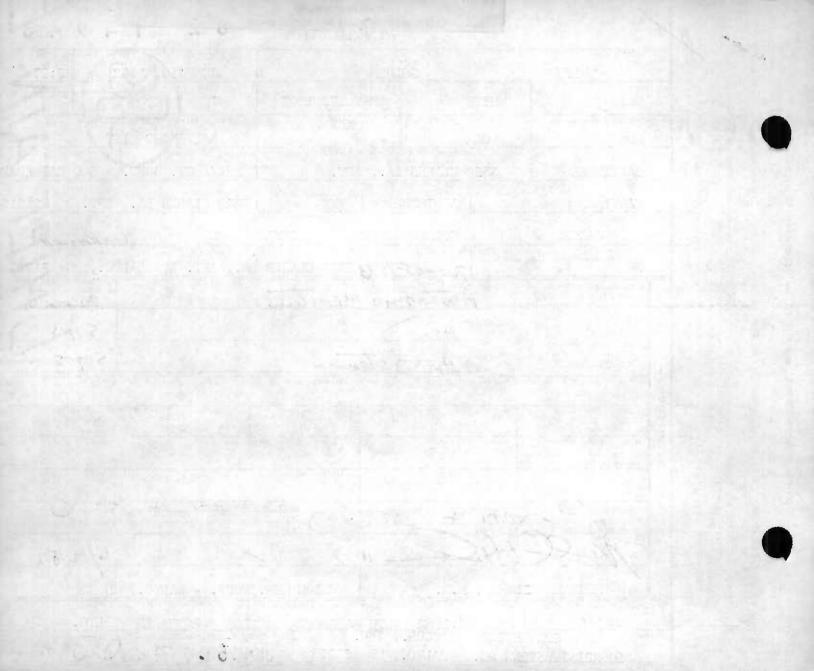
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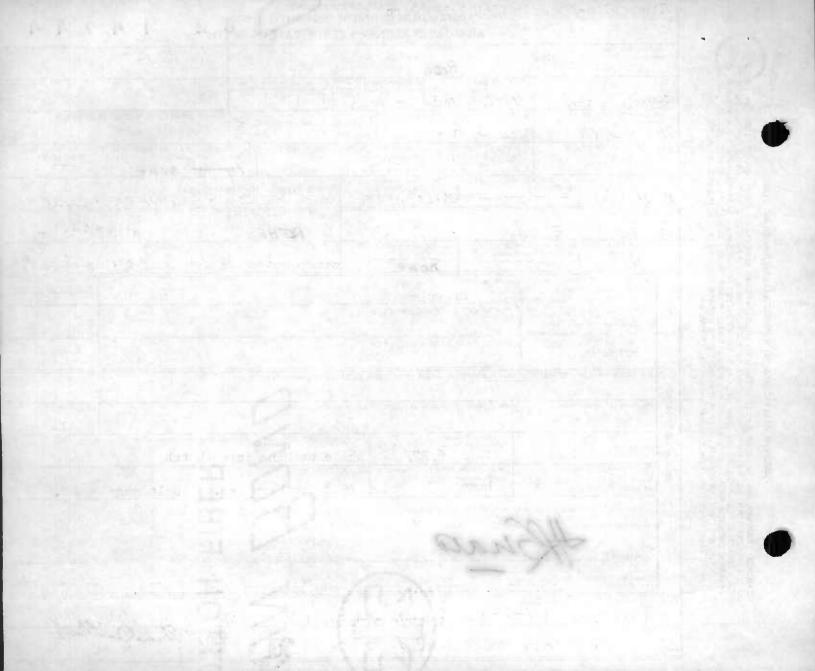
BALTO., MD 21215

6010 REISTERSTOWN RD.

STATE OF MARYLAND
DEPARTMENT OF HEALTH AND MENTAL HYGIENE

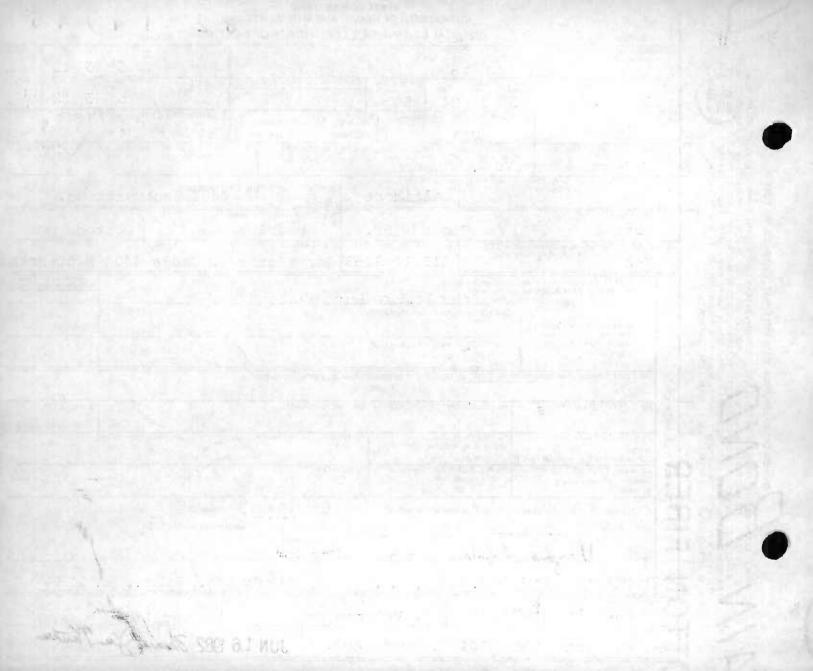


		-	cems #18a-22a F		DEPARTMENT OF	HEALTH	ARYLAND AND MENTAL H	YGIENE 2	14	944
100	CV.		REGISTRAR	ME	DICAL EXAMI	NER'S C		F DEATH"	REG. NO.	
1			CEASED NAME FIRST Jennif	er	Rose		Good	CG 20 DATE KN OF E DEATH M	OWN X MONTH	29 19 82 M
P.	THOUSE STREET	3 SE)		5. DATE OF BIRTH	YEAR LAST BIRTH	DAY) MONTH	DER 1 YR. IF UNDER	24 HRS. 7c. DATE MIN. PRONOUNCE DEAD	MONTH	29 82 1.30
-	SESSAN SEALD SEALD THIN 7	Pa BI	MRLE WHITE RTHPLACE (STATE OR REIGN COUNTRY)	76. CITIZEN OF W		RS. S	ED NEVER MARR	P. BALTIMOR	E CITY OR COUN	19 M
•	ASS.		ARYLAND	12.3.	H.	WIDOW			altimore	MD
	DELAY IS TO THE N PAGE DE FILED	10 CI	Baltimore	(IF NOT IN SUCH F	SPITAL, NURSING HOM ACILITY GIVE STREET ADDRESS SITY HOSPIT		er institution	FOR MOST OF WORKING	CON (TYPE OF WORK GLIFE)	OR INDUSTRY
21201	2, AND 3 TO 3. RETAIN PRINCIPLE SHOULD BE FALL RECORDS.	USUA 13a S	TATE 13b. COUN	OR OTHER INSTITUTION, O		SION)	13d INSIDE CITY LIMITS?	13. STREET ADDRESS	THERN)	ANDALLIP.
		14. F	THER'S NAME		1 WI 1/1/10/	16	15. MOTHER'S MAIDE	EN NAME	CIRENIO	reverous
ORE. A	DEAT PARTY P		EORGE EOC VAS DECEASED EVER IN U.S. AR	UARO	GOOD LAST	JR.	DO ROTHE	A	ROS ADDRESS	ENDALE
, BALTIMORE, MD.	URS AFTER I B. GIVE PAC WITH FORU IT. PAGES I DIVISION (WAR OR DATES)	hone	14 NO.	P 47 P		Southern	Ave Bauro Md
	DURS AF 18. GIVE WITH I		18 CAUSE OF DEATH (Enter on PART I DEATH WAS CAUSE	ly one couse per lin						APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
NO	PERA SIENI		- A	TE CAUSE (o)	Drowning					
REST	IN 124 HOUR IN ITEM 18. R ALONG WI VSIT PERMIT. HYGIENE, DI	7	Conditions, if any, which	DUE TO, O	R AS A CONSEQUENCE	OF	V			
. P	WITH NOUI NEW YAA		gove rise to immediate couse (a) stating the under-	(b)	R AS A CONSEQUENCE	0.5				
201 W. PRESTON ST.	IS CERTIFICATE SHOULD BE EXECUTED WITHIN 24 H RRITING THE WORD "PENDING" IN PENCIL IN ITEM RADED TO THE CHIEF MEDICAL EXAMINER ALON GE 3 SHOULD BE USED AS A BURIAL - TRANSIT PER TO EPPARTMENT OF HEAITH AND MENTAL HYGISE ZOI PRIOR TO BURIAL, CREMATION, OR REMOVAL		lying couse lost.	00210,01	K AS A CONSEQUENCE	OF				
	G" -		PART 2 OTHER SIGNIFICANT CONDITIONS	CONTRIBUTING TO DEATH	BUT NOT RELATED TO THE TER	MINAL DISEASI	OR CONDITION GIVEN IN PA	PT 1 (a)		
RECORDS,	PENDING PENDING MEDICAL D AS A BL HEALTH AR	N	Establish St.							
L RE	PEP MEA	CERTIFICATION	190. DATE OF OPERATION	196. COND	ITION FOR WHICH OPE	RATIONW	AS PERFORMED?			20 AUTOPSY?
DIVISION OF VITAL	SHOULD ORD "PE CHIEF A SE USED A IT OF HE	TE								YES XX NO
OF.	ATE WEN		210. EXTERNAL CAUSE WAS	116 TIME C	M. MONTH DAY YE		OW INJURY OCCURRE	D (ENTER NATURE OF INJURY	IN ITEM 18 PART 1 OR PA	ART 2)
ON	C SAN	MEDICAL	CONTRIBUTING CAUSE OF		M. 6/27/1900	who		in bath to	ub	
IVIS .	RETINATION REPORTS OF 3 S	MED	218 INJURY OCCURRED WHILE NOT WHILE	STREET, FAC	OF INJURY (AT HOME, CTORY, FARM, ETC.)	5	TREET	CITY OR TOWN	CO	DUNTY STATE
۵	E>>442		AT WORK AT WORK	hom	le	39	08 Souther	n Ave.	Baltimore	Md.
			22a. I certify that I took charg	ge of the remains de	scribed obove, held on	Autop	y Inspectio	n . Inquiry .	, ond in my o	pinion
	\$ E # P L 2	100	death resulted from:	of Moses .	Accident X, S	vicide	, Homicide	Undetermined monn	er,	
	MAR. WAR		ACTUAL THE	Jua	10		TITLE (SPECIFY)		DATE	C /20 /02
	SHE SHE		SIGNATURE //			M	D. Assistani	MEDICAL EXAMIN	ER SIGN	6/30/82
	WED WED	1	EXAMINER'S NAME	rmez R. G	Quard M D		ADDRESS 111 Pe	enn Street	BaltoM	21201
,	TO MEDICAL EXAMENE EXECUTE THE CERTIFE PAGE 4 SHOULD BAGE A PROPER AFTER DEATH, WITH BALLIMORE, MARY	73 o. B	JRIAL, CREMATION, REMOVAL		23c NAME OF CI			23d. LOCATION	na i ro- • hit	
0741	BP	- (REMATION	7-1-8	2 GRENMY	NYC	metere	GALTIMO	Re MA	PYLAND
7///	DHMH - 17	24 F	JNERAL DIRECTOR	ADDRESS	2/12		/ 250 QATE	REC'D. BY REGISTRAR		SIGNIFICATION CO.
	(VR A15 ME (5))	4	Spec Funcial Ho.	me 71106	XCLAIR KS BA	CTO MK	301	6 1982	()	



STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE MEDICAL EXAMINER'S CERTIFICATE REGISTRAR 20. DATE KNOWN X 1. DÉCEASED NAME MONTH 7h HOUR (TYPE OR PRINT) OF ESTI-1082 DEATH MATED 13 ERNEST Jr. 6 GOODE 4. RACE AGE (IN YEARS 3 SEX 5. DATE OF BIRTH IF UNDER 1 YR. IF UNDER 24 HRS DATE 14 HOUR 5:42 YEAR LAST BIRTHDAY PRONOUNCED ,.82 Male Black 3 8 58 DEAD 24 D M To BIRTHPLACE ISTATE OR 7b. CITIZEN OF WHAT COUNTRY? 1. BALTIMORE CITY OR COUNTY OF DEATH NEVER MARRIED FOREIGN COUNTRY) MD USA WIDOWED DIVORCED Baltimore City 18 CITY OR TOWN OF DEATH 11 NAME OF HOSPITAL NURSING HOME, OR OTHER INSTITUTION 128. USUAL OCCUPATION (TYPE OF WORK 17h KIND OF BUSINESS OR INDUSTRY FOR MOST OF WORKING LIFE! PM 3. RETAIN PA ND 2 SHOULD BE F VITAL RECORNS Baltimore 940 N. Broadway USUAL IN-USUAL RESIDENCE (IF IN NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) 13e STREET ADDRESS Wentworth Rd. 13b COUNTY Baltimore 13d. INSIDE CITY LIMITS? YES M NO 14. FATHER'S NAME 15 MOTHER'S MAIDEN NAME MIDDLE MIDDLE AND PF VIT Goode Ernest Pearl Sr. Portee 160. WAS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SECURITY NO 17. INFORMANT ADDRESS DIVISION YES, NO, OR UNKNOWN) 213-16-3263 Bernadette E. Goode 4404 Wentworth 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) APPROXIMATE INTERVAL OATE, WRITING THE WORD "PENDING" IN PENCIL IN ITEM 18.
FORWARDED TO THE CHIEF MEDICAL EXAMINER ALONG W
OR: PAGE 3 SHOULD BE USED AS A BURIAL - TRANSIT PERMIT.
HE STATE DEPARTMENT OF HEALTH AND MENTAL HYGIENE, D
IND, 21201 PRIÐR TO BURIAL, CREMATION, OR REMOVAL. BETWEEN ONSET AND DEATH PART I DEATH WAS CAUSED BY MMEDIATE CAUSE (0) Arter iosclerotic cardiovascular disease DUE TO, OR AS A CONSEQUENCE OF Canditians, if any, which gave rise to immediate cause (a) stating the under-DUE TO, OR AS A CONSEQUENCE OF lying cause last. PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (a) CERTIFICATION 19a DATE OF OPERATION 196. CONDITION FOR WHICH OPERATION WAS PERFORMED? 2D AUTOPSY? YES NO X 210 EXTERNAL CAUSE WAS 716 TIME OF INJURY 21¢ HOW INJURY OCCURRED LENTER NATURE OF INJURY IN ITEM IS PART 1 OR PART 2) HOUR A.M. MONTH DAY YEAR OR UNDERLYING MEDICAL CONTRIBUTING CAUSE OF DEATH 21e PLACE OF INJURY (AT HOME 21f. LOCATION STREET, FACTORY, FARM, ETC.) STREET CITY OR TOWN COUNTY STATE WHILE AT WORK NTO MEDICAL EXAMINER: THE CERTIFICATE, PAGE 4 SHOULD BE FORW TO FUNERAL DIRECTOR: PAFIER DEATH, WITH THE STY BAĞİMORE, MARYLAND, 2 220. I certify that I took charge of the remains described above, held an Inspection and in my apinian Natural causes X death resulted from: Accident Homicide Undetermined manner TITLE (SPECIFY) Assistant MEDICAL EXAMINER 6-14-82 EXAMINER'S NAME Virginia L. Dolan, M.D. 111 Penn St., Balto., Md. 21201 (TYPE OR PRINT) ADDRESS 23d. LOCATION 23c. NAME OF CEMETERY OR CREMATORY 230 BURIAL, CREMATION, REMOVAL 236 DATE STATE Burial 6/18/82 Md. Veteran Cem. Crownsville MD 24 FUNERAL DIRECTOR **DHMH - 17** 1101 E. North Ave. March F/H (VR A15 ME (5))

20M 4/82



DEPARTMENT OF HEALTH AND MENTAL HYGIENE 🖁 CERTIFICATE OF DEATH

Н	100	REGISTRAK				CERTIN	ICAIL OI	DEATH		REG. NO.					
		CEASED NAME	FIRST	1000	MIDDLE		AST		20. DATE OF D	EATH MO	ONTH	'DAY	YEAR	26 HOUR	_
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۱	3. SE)	(4 RACE		5. DATE			6 AGE (IN YEAR	S LAST BIRTHE		IF UNO	FRIYEAR	IF UNDER 24 HRS	_
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DHMH - 16 50M 1/B1 (VRA 15, 4)

23a BURIAL, CREMATION, REMOVAL BURIAL

FOR - STATE

236. DATE JUNE

18,1982

231. NAME OF CEMETERY OR CREMATORY CHIZUK AMUNO

23d LOCATION CITYOR TOWN I MORE

COUNTY MARYLAND

24 FUNERAL DIRECTOR SOL LEVINSON & BROS., INC. 6010 REISTERSTOWN RD. BALTO RESS MD 2121

21215

JUN 22 1982 Registrar Skegistrar Skegistrar Skegistrar

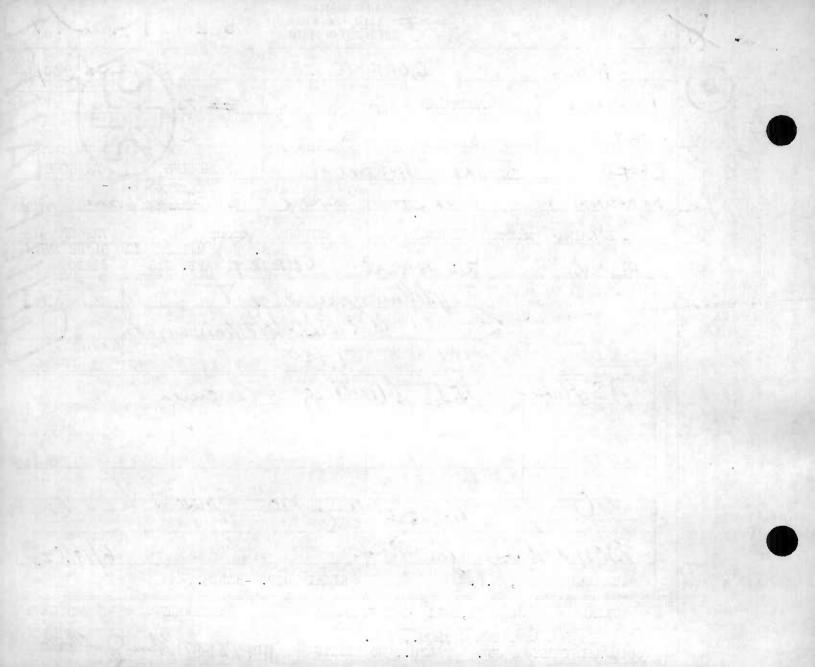
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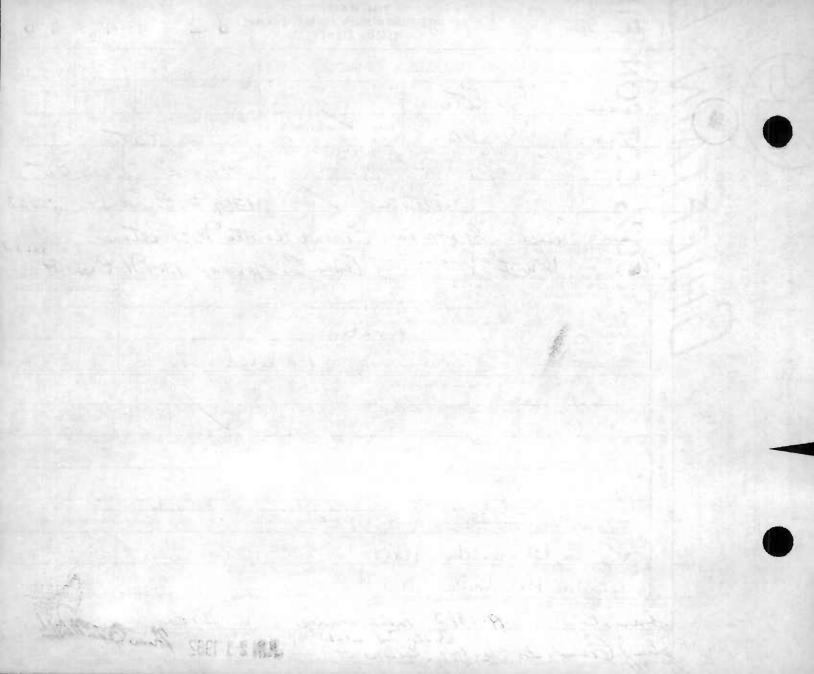
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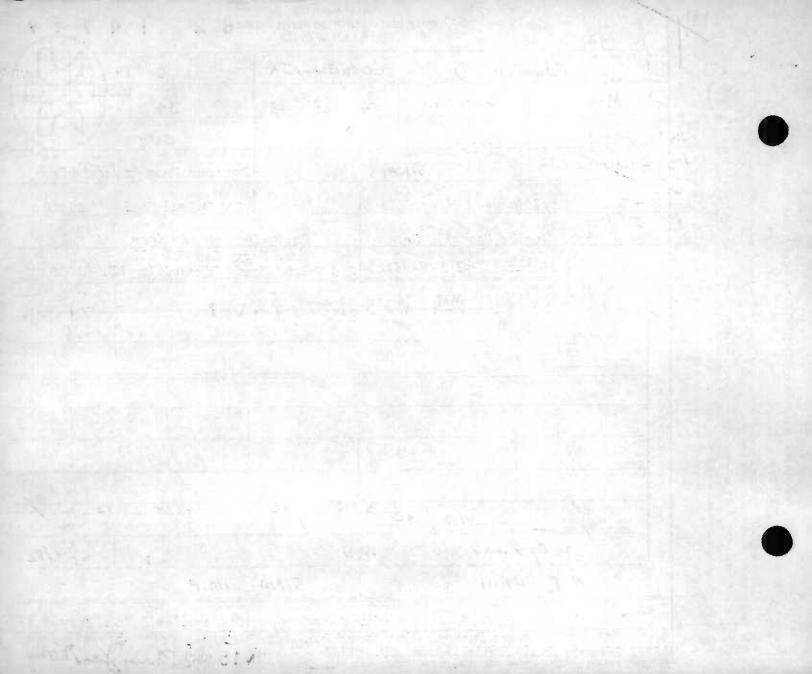
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1				STATE OF MARYLAND		
6	1.	FOR STATE REGISTRAR	DEPARTA	NENT OF HEALTH AND MENTAL HY CERTIFICATE OF DEATH	GIENE 8 2	4 9 4 8
be sooth		CEASED NAME FIRST PRANK	CHARLES	GORMAN	2ª DATE OF DEATH MONTH	15 82 5:20AM
Page 4 may by	3 SE	Male	In Lite	5. DATE OF BIRTH MONTH DAY YEAR 8 5 23	6 AGE (IN YEARS LAST BIRTHDAY) 58 YRS.	IF UNDER LYEAR IF UNDER 24 HRS
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AND 21:	130	AJE TOLCOUN	OTHER INSTITUTION GIVE RESIDENCE BEFORE ITY 13/CITY OR TOW ACLUM	YES NO	130 STREET ADDRESS Gro	os St. 21223
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AL RECORDS, The low required to the significant. There prior to be now sony injury.	CERTIFICATION	190 DATE OF OPERATION	196 CONDITION FOR WHICH	operation was performed	IN CERT	ES, WERE FINDINGS USED IFYING CAUSES OF DEATH? 'ES \(\text{ NO } \)
HYSICIAN: The low rinding physician. his certificate hos been bural-transit permit. If Memol Hygiene prior or frem 18 shows any or frem 18 shows any	MEDICAL CE	210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEA	HOUR A.M. MONTH DA	Y YEAR 19	RRED (ENTER NATURE OF INJURY IN ITEM 18	PART I OR PART 2)
DIVISION DING PHY or attendi	MED	21d. INJURY OCCURRED WHILE NOT WHILE AT WORK	21e PLACE OF INJURY (AT HOME STREET, FACTORY, OFFICE F		CITY OR TOWN	COUNTY STATE
R ATTENDI hospital ar RECTOR: A red for use spt. af Heal		saw the deceased alive on abave, x) (we) (did) XXX Xot	al) attended the deceosed from	APRIL 27., 19 82 82, and that in (Xy) (aur) apinion		
AL OR AL DIRE had DIRE detached detached of Deporter Deporter Deports. If then		276. SIGNATURE		DEGREE ATTENDING PHYSICIAN	MEDICAL STAFF DIRECTOR PHYSICIAN	276 DATE SIGNED 6/15/82
TO HOSPIT TO FUNER Should be with the Sit		HI PHYSICIAN'S NAME (TYPE OF Linda L	leadrick n		Raven Blvd. Balt	co., Md. 21218
2/0 BP	1	SURIAL, CREMATION, REMOVAL	6-19-1982 S	AME OF CEMETERY OR CREMATORY	Dorsey	COUNTY STATE
DHMH - 16 50M 1/81 (VRA 15, 4)	X	in J. Coman's	la de 901 de	Md. 21223 250. DA	ATE REC'D. BY REGISTRAR 21 FLGIS	DIN GO



DIVISION OF VITAL RECORDS.



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MPORTANT:

	STATE OF MARYLAND
R	DEPARTMENT OF HEALTH AND MEN
ATF	

NTAL HYGIENE 8

CERTIFICATE OF DEATH REGISTRAR REG. NO DECEASED NAME 20. DATE OF DEATH MONTH 2h HOUR ITYPE OR PRINT GOTSCHALL HAROLD June 4 1982 3 SEX 4. RACE AGE (IN YEARS LAST BIRTHDAY) IF UNDER I YEAR Male DAYS April TO BIRTHPLACE (STATE OF FOREIGN 7b. CITIZEN OF WHAT COUNTRY? BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED DIVORCED A BALTIMORE CITY WIDOWED IO CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION 12b. KIND OF BUSINESS OR (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS) INDUSTRY Baltimone auck Driver/Davidson's JOHNS HOPKINS HOSPITAL SUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION GIVE RESIDENCE BEFORE ADMISSION) Balto. 136 COUNTY 13d. INSIDE CITY LIMITS? Quantril Way anuland NO 14 FATHER'S NAME 15. MOTHER'S MAIDEN NAME anpenten A. iotschall hanles 160 WAS DECEASED EVER IN U.S. ARMED FORCES? Balto. I'd. 16h SOCIAL SECURITY NO 17 INFORMANT Harold D. Gotschall In. 966 Quantril Way ues 18 CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c) PART I. DEATH WAS CAUSED BY: MAMEDIATE CAUSE (0) DUE TO, OR AS A CONSEQUENCE OF (b) Victoristatic Conditions, if ony, which gove rise to immediate couse (o), stoting DUE TO, OR AS A CONSEQUENCE OF underlying couse PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110 CERTIFICATION 190 DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED 200 AUTOPSY? 20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? NOF NO 21a ACCIDENT WAS UNDERLYING 71h. TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING TO CAUSE OF DEATH MEDICAL (IF EITHER NOTIFY MEDICAL EXAMINER) P.M 21d. INJURY OCCURRED 21e PLACE OF INJURY 211. LOCATION (AT HOME STREET, FACTORY, OFFICE, FARM ETC.) CITY OR TOWN COUNTY STATE NOT WHILE WHILE 22a.1 certify that this haspital) attended the deceased from saw the deceased alive an above, (1) (ma) (did) (did) 19.82 and that in (my) (our) opinion death occurred on the date and hour and from the causes stated view the body after death DEGREE 22c. DATE SIGNED ATTENDING MEDICAL PHYSICIAN DIRECTOR PHYSICIAN 22e ADDRESS

MCKENNE

Funeral Home

23a. BURIAL, CREMATION, REMOVAL

Patapsco Ave.

Hill Mem. 24 FUNERAL DIRECTOR

Baltimore.

DHMH - 16 50M 1/81 (VRA 15, 4)

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/	11	- STATE REGISTRAR		ICATE OF DEATH	REG. NO.	1771
		ECEASED NAME FIRST L	AWRENCE J.	GOTTSCHALL	20. DATE OF DEATH MONT	H JAR 26 HOUR
d dead	3.5	hauren	TRACE J. GOTT	schull	6	18/82 3:10Am
(M)	L	m	W MONT	o 18 14		MONTHS DAYS HOURS MIN.
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鲁 青 五	10	PENNSYLVANIA CITY OR TOWN OF DEATH	U.S.A. WIDOW		BALTIMORE 120 USUAL OCCUPATION	CITY MD.
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ote bosers			y one couse per line for (a), (b), and (c),			APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
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otten otten s the s the ond	A A	WHILE NOT WHILE AT WORK	(AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.)	STREET	CITY OF TOWN	COUNTY STATE
NDIN Lor NSE O Smo	100	22a I certify that (1) (this hospite	ol) oftended the deceased from		10 JUNES	, 19 & Z , that (1) (we) last
Sprita CTO f for a for		saw the deceased alive an obove, (I) (we) (did) (did) not	view the body after death.	nd that in (my) (our) opinion o	death accurred on the date on	d hour and from the causes stated
OR he ho both be		226. SIGNATURE		DEGREE ATTENDING	MEDICAL STAFF	22c DATE SIGNED
HOSPITAL ined by the FUNERAL uld be det to the Stote ORTANT:		22 d. PHYSINAN SAME TYPE OR	POINTS	PHYSICIAN [DIRECTOR PHYSICIAN	JUNE 8 1982
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To To Sho	230	BURIAL, CREMATION, REMOVAL			123d LOCATION	7,0,000
BP		(SPECIFY) EMOVAL/BURIAL		EMETERY OR CREMATORY SEA STAR OF THE	CITY OR TOWN	HUYLKILL PA
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(VRA 15, 4)	H		OME, INC. 4107 WILKEN	1111	4 9 1982 Jan	nes Hand

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23b. DATE

Law Funeral 4611 Park Heights Ave.

6/28/82

FOR - STATE

REGISTRAR

230 BURIAL, CREMATION, REMOVAL

Burial 24 FUNERAL DIRECTOR

DECEASED NAME TYPE OR PRINTI

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO

20 DATE OF DEATH MONTH 2b HOUR 6/24/82 6. AGE (IN YEARS LAST BIRTHDAY) IF UNDER I YEAR IF UNDER 24 HRS DAYS HOURS. 9. BALTIMORE CITY OR COUNTY OF DEATH Baltimore 12h KIND OF BUSINESS (TYPE OF WORK FOR MOST OF WORKING LIFE) INDUSTRY 2432 Kewworth Ave. 21215 APPROXIMATE INTERVAL 20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? CITY OR TOWN COUNTY STATE and that in (my) (our) apinion death occurred an the date and haur and from the causes stated

22c. DATE SIGNED

Mt Auburn Cemetery Baltimore,

23r. NAME OF CEMETERY OR CREMATORY

23d LOCATION

DHMH - 16.50M 7/77 (VRA 15(4))

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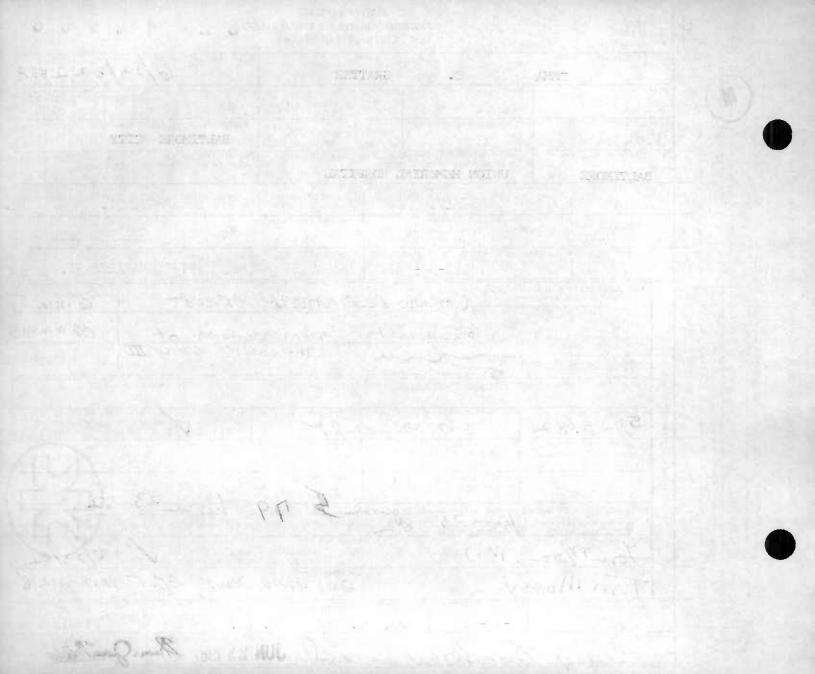
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DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE MEDICAL EXAMINER'S CERTIFICATE REGISTRAR REG. NO I. DECEASED NAME FIRST 26 HOUR 20 DATE KNOWN TX (TYPE OR PRINT) OF ESTI-DEATH MATED Fred 19 1982 Grasse SEX 4 RACE 5. DATE OF BIRTH AGE (IN YEARS IF UNDER TYR. IF UNDER 24 HRS 247HOYB DATE MONTE DAY YEAR LAST BIRTHDAY PRONOUNCED Male White 25 17 65 19 1982 YR5 To BIRTHPLACE (STATE OR K. CITIZEN OF WHAT COUNTRY? 9. BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED FOREIGN COUNTRY U.S. WIDOWED DIVORCED Baltimore City 11. NAME OF HOSPITAL, NURSING HOME, OR OTHER INSTITUTION ID CITY OR TOWN OF DEATH 126 KIND OF BUSINESS OR INDUSTRY Baltimore Mulberry USUAL RESIDENCE HE IN NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE REFORE ADMISSIONI 13a STATE 13c. CITY OR TOWN 13e STREET ADDRESS 13b COUNTY 1134. INSIDE CITALLIMITS? Md. Balto NO [115 West Mulberry Street BALTIMORE, MD. 14. FATHER'S NAME 15. MOTHER'S MAIDEN NAME SS AFTER DEATH GIVE PAGES I OF WIT MIDDLE LAST MIDDLE LAST AFTER ACAN 18. GIVE PARAMETER ALCHOR WITH FORP TO MAN TO M 17 INFORMANT ADDRESS 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 166. SOCIAL SECURITY NO Unkn. 321-16-0178 APPROXIMATE INTERVAL CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c).) DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BETWEEN ONSET AND DEATH PART I DEATH WAS CAUSED BY IMMEDIATE CAUSE (6) Arteriosclerotic cardiovascular disease DUE TO, OR AS A CONSEQUENCE OF BURIAL - TRANSIT Conditions, if ony, which gove rise to immediate couse (a) stating the under-DUE TO, OR AS A CONSEQUENCE OF SED AS A BURIAL -HEALTH AND MEI AL, CREMATION, O lying couse lost. PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (6) CERTIFICATION 190 DATE OF OPERATION 19% CONDITION FOR WHICH OPERATION WAS PERFORMED? 20 AUTOPSY? TO MEDICAL EXAMNER: THIS CERTIFICATE SUFFICIED TO THE WORD." PAGE 4 SHOULD BE FORWARDED TO THE CHIEF, TO FUNERAL DIRECTOR: PAGE 3 SHOULD BE USED AFTER DEATH, WITH THE STATE DEPARTMENT OF HE BALLIMORE, MARYLAND, 21201 PRIOR TO BURRAL. YES NO V 21g EXTERNAL CAUSE WAS 216 TIME OF INJURY 216 HOW INJURY OCCURRED JENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2 HOUR A.M. MONTH DAY YEAR UNDERLYING MEDICAL CONTRIBUTING CAUSE OF DEATH PA 19 21e PLACE OF INJURY (AT HOME 21f LOCATION STREET, FACTORY, FARM, ETC.) STREET CITY OF TOWN STATE COUNTY WHILE NOT WHILE AT WORK AT WORK took charge of the remains described above, held an 22a I certify tha Autopsy and in my opinion Inspection Homicide Undetermined monner TITLE (SPECIFY) 6/19/82 Deputy DATE MEDICAL EXAMINER SIGNED EXAMINER'S NAME Thomas D. Smith, M.D. Md. 21201 III Penn St., Balto.. 230 BURIAL, CREMATION, REMOVAL 236, DATE 23d LOCATION COUNTY STATE 7/6/82 Removal BP 24 FUNERAL DIRECTOR 250. DATE REC'D. BY REGISTRAR 250 REGISTRAR 3 SIGNAR **DHMH** - 17 conces (VR A15 ME (5)) Anatomy Board Balto., Md.

20M 4/82

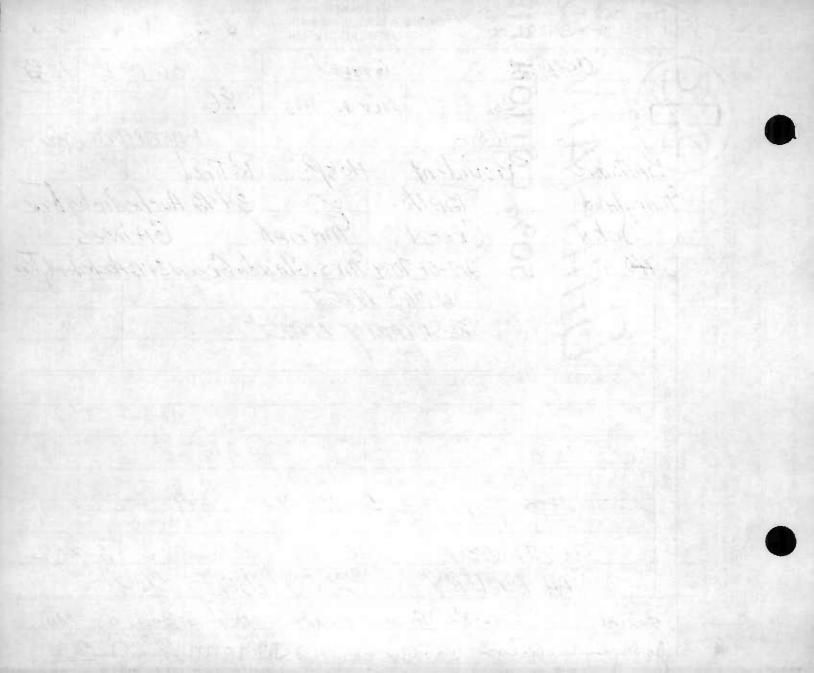
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STATE OF MARYLAND
DEPARTMENT OF HEALTH AND MENTAL HYGIENE



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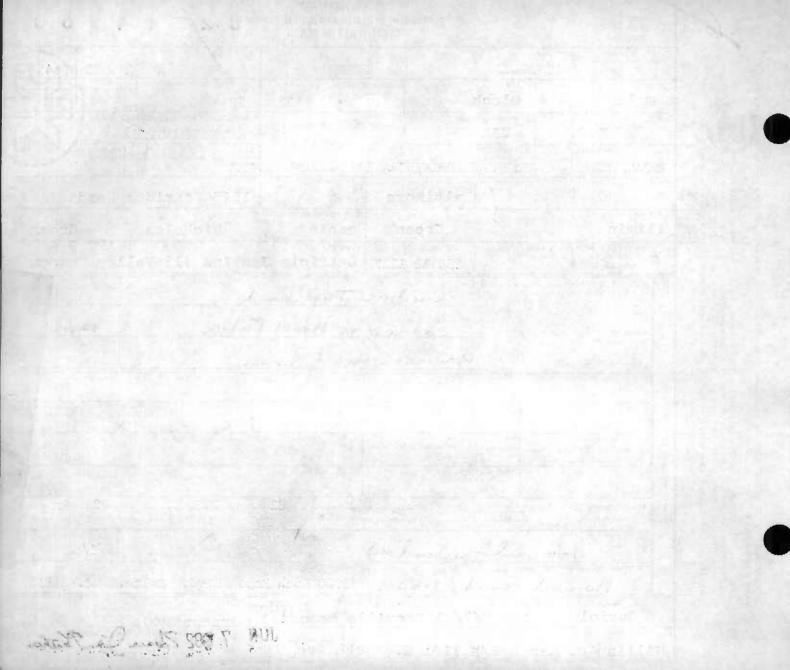
y be	1. DEC	STATE Home 6/21/ REGISTRAR CHAPLE OR PRINT) CHAPLE	MIDDLE	TATE OF MARYLAND MENT OF HEALTH AND MENTAL HYG CERTIFICATE OF DEATH	REG. NO.	DAY YEAR 26 HOUR 982 /Z-
Pettor po	1 SE	ALE	RACE COLA TO CITIZEN OF WHAT COUNTRY?	S. DATE OF BIRTH MONTH DAY YEAR 1895	AGE (IN YEARS LAST BIRTHDAY) YRS.	FUNDER LYEAR IF UNDER :
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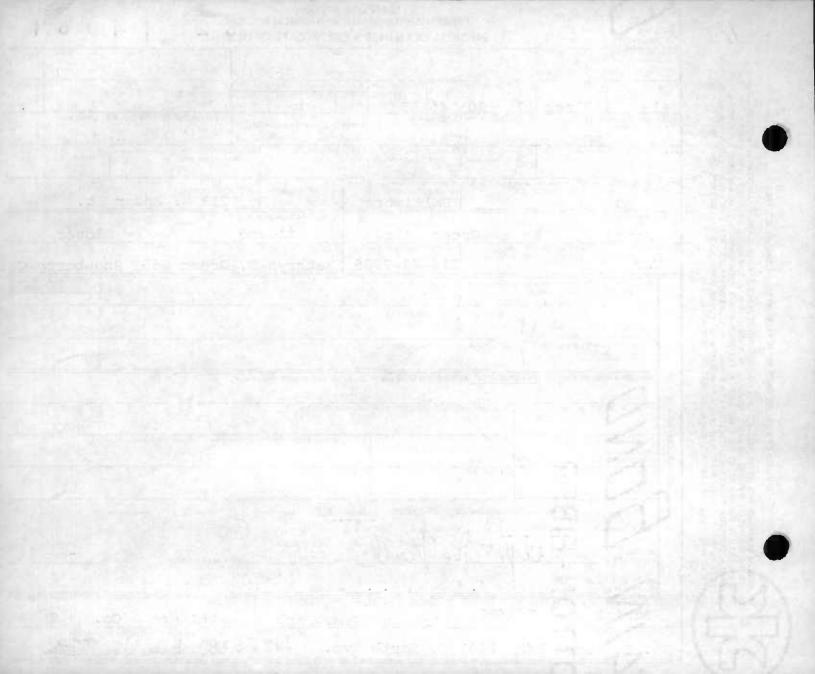
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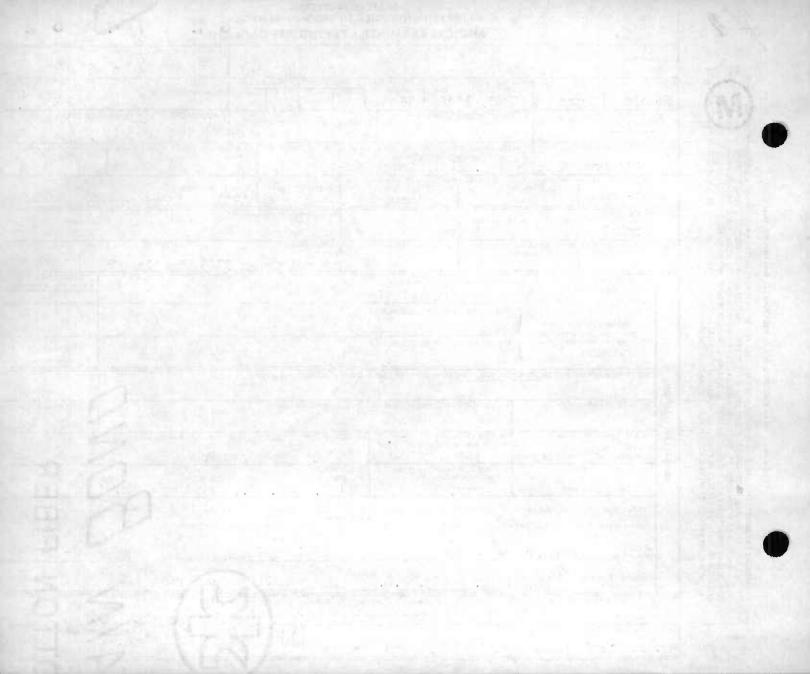
DEPARTMENT OF HEALTH AND MENTAL HYGIENE 52 - STATE CERTIFICATE OF DEATH REGISTRAR REG. NO DECEASED NAME 20 DATE OF DEATH 2b HOUR ITYPE OR PRINTS HERCULES GREEN 6 82 9:45P 3. SEX 4 RACE 5 DATE OF BIRTH 6. AGE (IN YEARS EAST BIRTHDAY) IF UNDER 24 HRS IF UNDER I YEAR MONTH 22 male black 14 TO BIRTHPLACE (STATE OF FOREIGN Th CITIZEN OF WHAT COUNTRY? **BALTIMORE CITY OR COUNTY OF DEATH** MARRIED NEVER MARRIED S.C. USA BALTIMORE CITY WIDOWED DIVORCED TO 10 CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION 120 USUAL OCCUPATION 126. KIND OF BUSINESS OR LIF NOT IN SUCH FACILITY, GIVE STREET ADDRESS! TYPE OF WORK FOR MOST OF WORKING LIFE INDUSTRY BALTIMORE VETERANS ADMINISTRATION MEDICAL CENTER SUAL RESIDENCE (IF NURSING HOME OF OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION 136 COUNTY 131515 Penridge Road Baltimore 13d INSIDE CITY LIMITS? Md 4 FATHER'S NAME 15 MOTHER'S MAIDEN NAME MIDDLE Flimin Annie Nicholes Green Green 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SECURITY NO. 17 INFORMANT ADDRESS (YES, NO OR UNKNOWN) LIF YES, GIVE WAR OR DATEST Latricia Jenkins 415 Valley Meadow Ro 250 22 1327 Yes 18 CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c) PART I. DEATH WAS CAUSED BY ardiac Tamponado DIVISION OF VITAL RECORDS, 201 W. PRESTON ST. IMMEDIATE CAUSE to Congestive Heart Failure 10 413 Conditions, if any, which gove rise to immediate DUE TO, OR AS A CONSEQUENCE OF HEART DISEASE couse to, stoting the underlying couse lost PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 0 CERTIFICATION 190 DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED 20a AUTOPSY? 206. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? NOF YES X 21a. ACCIDENT WAS UNDERLYING 216 TIME OF INJURY 214. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) 00 HOUR A.M. MONTH DAY OR CONTRIBUTING CAUSE OF DEATH YEAR (IF EITHER NOTIFY MEDICAL EXAMINER) P.M 21d. INJURY OCCURRED 21e PLACE OF INJURY 211 LOCATION AT HOME STREET, FACTORY OFFICE, FARM, ETC | CITY OR TOWN NOT WHILE 22a. I certify that X (this hospital) attended the deceased from MAY 18 19 82 TIME 2 .19 82 , and that in (K) (our) opinion death occurred on the date and hour and from the causes stated sow the deceased alive on JUNE 2 226. SIGNATURE DEGREE 22L DATE SIGNED ATTENDING MEDICAL 6/3/82 PHYSICIAN DIRECTOR PHYSICIAN V 224 PHYSICIAN'S NAME ITYPE OF PRINT 22e ADDRESS IMPORT, ould th th 3900 Loch Raven Blvd. Balto., Md. 21218 Howard tree and MD 23a BURIAL, CREMATION, REMOVAL 231 NAME OF CEMETERY OR CREMATORY 234 LOCATION CITY OF TOW Burial COUNTY 6/7/82 Beeville Memorial Orangeburg 24 FUNERAL DIRECTOR DHMH - 16 50M 1/81 (VRA 15, 4) William C. March F/H 1101 E. North Ave



DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE MEDICAL EXAMINER'S CERTIFICATE REGISTRAR DECEASED NAME 20 DATE KNOWN 26 HOUR MONTH (TYPE OR PRINT) OF ESTI-James 6 28 19 82 Green Jr. 4. RACE IF UNDER 1 YR 3. SEX DATE OF BIRTH 6 AGE (IN YEARS IF UNDER 24 HRS 2d HOUR DATE LAST BIRTHDAY PRONOUNCED DEAD 20 28 1982 35 Male 46 9 BALTIMORE CITY OR COUNTY OF DEATH 70-BIRTHPLACE ISTATE OR 76 CITIZEN OF WHAT COUNTRY? MARRIED A NEVER MARRIED FOREIGN COUNTRY) Baltimore City. WIDOWED DIVORCED MD 10 CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL, NURSING HOME, OR OTHER INSTITUTION 120. USUAL OCCUPATION (TYPE OF WORK 126 KIND OF BUSINESS Baltimore Johns Hopkins Hospital WAL RESIDENCE (IF IN NURSING HOME OR OTHER INSTITUTION GIVE RESIDENCE BEFORE ADMISSION In STATE 13d. INSIDE CITY LIMITS? 13e STREET ADDRESS 136 COUNTY 13c. CITY OR TOWN 1213 N. Ensor St. Baltimore MD YES X NO [15 MOTHER'S MAIDEN NAME 4 FATHER'S NAME MIDDLE MIDDLE LAST AN W CIRST Mildred Glover Green Sr. James 166. SOCIAL SECURITY NO. 17 INFORMANT 160. WAS DECEASED EVER IN U.S. ARMED FORCES? ADDRESS CAL EXAMINER ALONG WITH FOR BURIAL - TRANSIT PERMIT, PAGES I AND MENTAL HYGIENE, DIVISION (ATION, OR REMOVAL. (YES, NO, OR UNKNOWN) 214-46-9936 Kathryn D. Green 6662 Snowberry Ct Yes APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH 18 CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c),) PART I DEATH WAS CAUSED BY Cardiomyopathy IMMEDIATE CAUSE (a). DUE TO, OR AS A CONSEQUENCE OF Conditions, if any, which gave rise to immediate cause (a) stating the under-ARDED TO THE CHIEF THE STATE OF THE ARD AS A BURIAL TO AGE 3 SHOULD BE USED AS A BURIAL THE AND MEN ATE DEPARTMENT OF HEALTH AND MEN AT THE OFFICE TO BURIAL, CREMATION, O DUE TO, OR AS A CONSEQUENCE OF lying cause last. PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 105 CERTIFICATION 19a DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED? 20 AUTOPSY? YES XX 210 EXTERNAL CAUSE WAS 21b. TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) HOUR A.M. MONTH DAY YEAR UNDERLYING OR MEDICAL CONTRIBUTING CAUSE OF DEATH 210 PLACE OF INJURY (AT HOME II LOCATION 21201 PR 21d INJURY OCCURRED STREET, FACTORY, FARM, ETC.) STREET CITY OR TOWN COUNTY STATE WHILE AT WORK 220 I certify that I took charge of the remains described above, held an death resulted from-Natural causes Undetermined manner TO ME EXECUTE IN PAGE 4 SHOWN TO FUNDAL DIN AFTER DEATH W TITLE (SPECIFY) ACTUAL DATE 6-29-82 SIGNATURE MEDICAL EXAMINER SIGNED EXAMINER'S NAME Margarita A. Korell, M.D. III Penn Street 23d. LOCATION 230. BURIAL, CREMATION, REMOVAL 23b. DATE STATE Burial 7/3/82 Baltimore MD Co. Arbutus Mem. Park 250. DATE REC'D. BY REGISTRAR 756. REGISTRAR'S SIGNATURE 24 FUNERAL DIRECTOR **DHMH - 17** 1101 E. North Ave. Wm. C. March F/H (VR A15 ME (5)) 20M 4/B2



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(VRA 15, 4)

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE 💢

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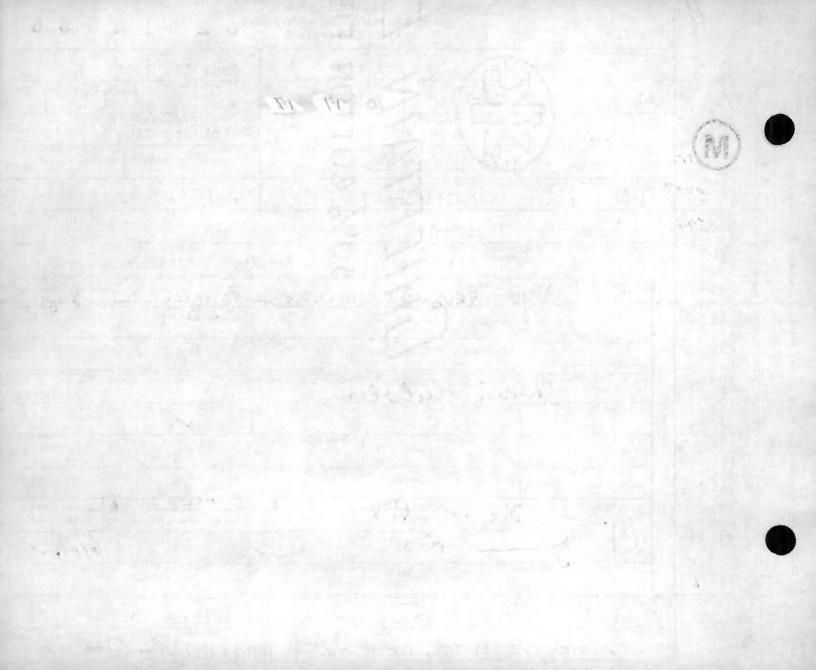
DEPARTMENT OF HEALTH AND MENTAL HYGIENE

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		C 0		ريام		ATTENDING PHYSICIAN	MEDICAL STAFF DIRECTOR PHYSICIAN	6/11/8	~
		THE PHYSICIAN'S NAME (1)	ME CAR PRINTED		2	?e ADDRESS			
-	23a B	urial, cremation, remov	AL 236 DATE	23c N	AME OF CEM	NETERY OR CREMATORY	23d LOCATION		
	(5	Burial	6/18/8	2 Mt	. Aubu	ırn Cem.	Baltimore, M	d.	STATE

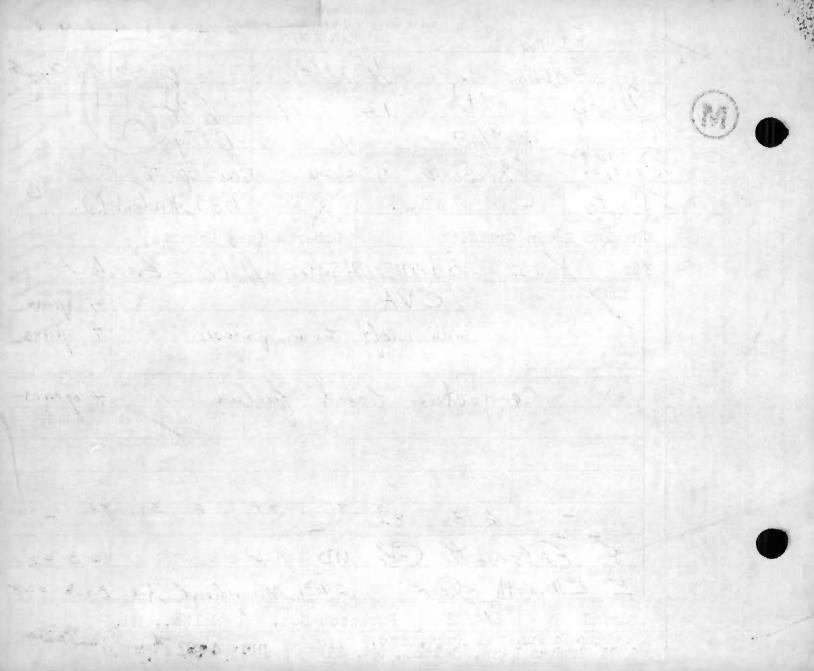
DHMH - 16 50M 1/81 (VRA 15, 4)

Wm. C. March F/H 1101 E. North Ave.

24 FUNERAL DIRECTOR



STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIEN - STATE CERTIFICATE OF DEATH REGISTRAR REG NO DECEASED NAME In DATE OF DEATH THE CHERRY! 4 RACE 3-DATE OF BIRTH S-TOPEIGN Th CITIZEN OF WHAT COUNTRY? BALTMAGRE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED Baltimore. Md. ENY OR TOWN OF DEATH NAME OF HOSPITAL NURSING HOME OF OTHER INSTITUTION 176 KIND OF BUSINESS OR JUD USTRY Balto. PRESTON ST., BALTIMORE, MARYLAND 2120 ISUAL RESIDENCE OF NUISBO HOW DIVERSIDENCE SPORE ADMISSION THE CITY OF TOWN THE INSIDE CITY LIMITST Balto. Md. NO E LE FATHER'S NAME IS MOTHER'S MAIDEN NAME Charles Edwin Griffith Roberta (nee Roberts 60 WAS DECEASED EVER IN U.S. ARMED FORCES? 17 INFORMANT 166 SOCIAL SECURITY NO. (YES NO OR UNKNOWN) (IF YES GIVE WAR OR DATES) Yes WW. 18 CAUSE OF DEATH Enter only one couse per line for (a), (b) APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE Mean Conditions, if any, which eav gave rise to immediate cause (a), stating the DUE TO, OR AS A CONSEQUENCE OF 3 underlying cause last DIVISION OF VITAL RECORDS, 201 PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE XERMINAN DISEASE OR CONDITION GIVEN IN PART 1 ID CERTIFICATION wo u ear. 90 DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORM 200 AUTOPSY? 206 JEYES, WERE FINDINGS USED CERTIFYING CAUSES OF DEATH? YES NO IT 21a. ACCIDENT WAS UNDERLYING 216 TIME OF INJURY 216 HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART I OF PART 2) 00 HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH MEDICAL (IF EITHER NOTIFY MEDICAL EXAMINER) P.M 19 21d INJURY OCCURRED 21e PLACE OF INJURY 211 LOCATION CITY OR TOWN COUNTY (AT HOME STREET, FACTORY, OFFICE, FARM, ETC.) STATE WHILE NOT WHILE AT WORK 220.1 certify that (1) (this hospital) attended the deceased from saw the deceased alive on 0 and that in (my) (aur) apinion death occurred on the date and hour and from the causes stated abave, (1) (we) (did) (did nat) view the bady after death DEGREE 22c. DATE SIGNED ATTENDING MEDICAL STAFF PHYSICIAN DIRECTOR PHYSICIAN ould be det ith the State (PORTANT: 22e ADDRESS E 115 WON ook 230 BURIAL, CREMATION, REMOVAL 23c NAME OF CEMETERY OR CREMATORY 236 DATE Burial Balto., Md Parkwood Cem. BP. 24 FUSECHIMUMek Funeral Home Inc. 250 DATE REC'D. BY DHMH - 16 50M 1/81 4 1982 (Tagness) (VRA 15, 4) 3331 Brehms Lane, Balto., Md. 21213 JUN



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TO FUNERAL DIRECTOR, After the certificie has been signed by the ottending physicion and c should be detached for use as the burnal trainist permit. Then please remayer corban papers. Pages with the State Dept. of Health and Minital Highene prior to burial, cremation, or removal.

WALTER BROOKS BRADLEY, INC.

FOR

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE &

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REGISTRAR				CERTIF	ICATE OF DEATH	REG. N	0.		
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Singleton Funeral

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DEPARTMENT OF HEALTH AND MENTAL HYGIENE 8

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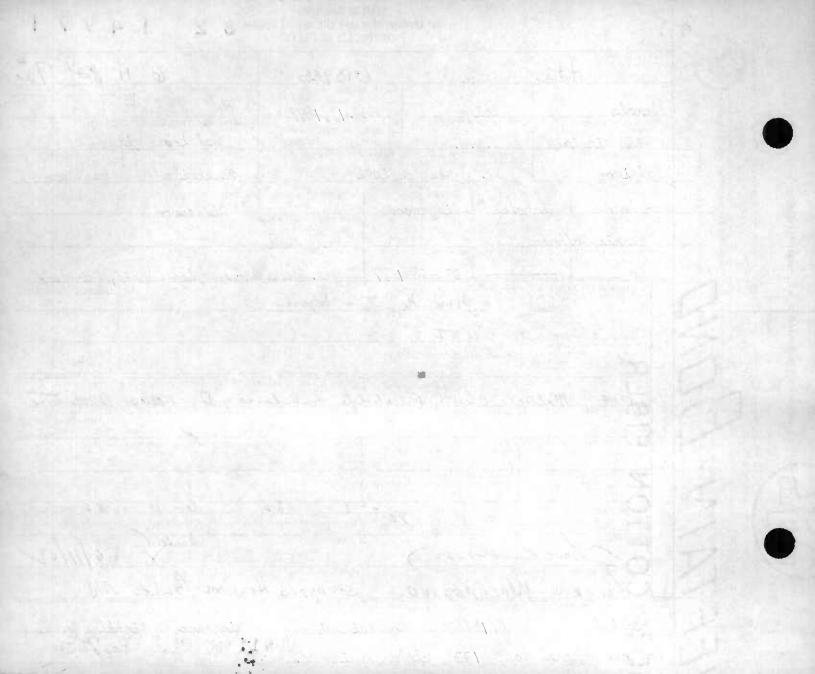
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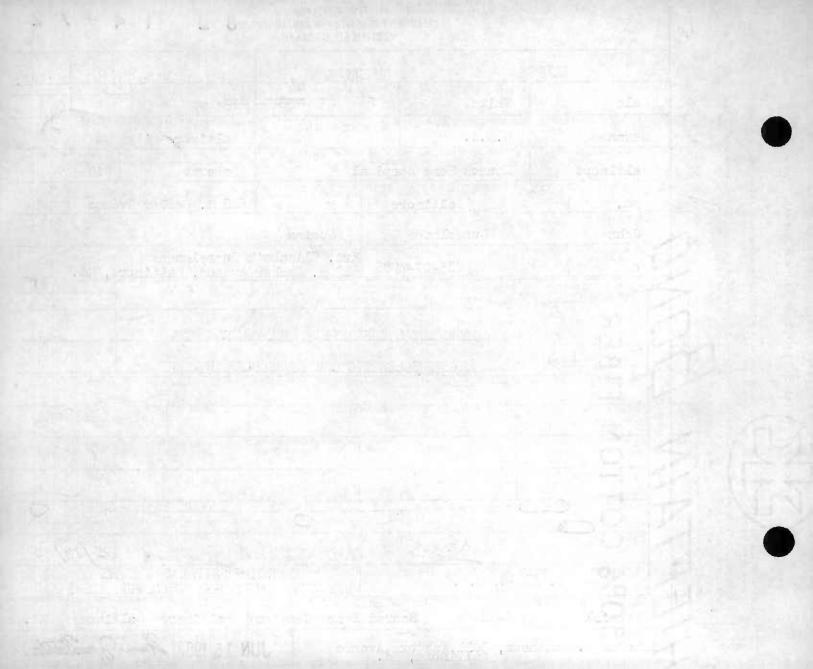
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ч		226 SIGNATURE	1	- Cody	2		DEGREE		Resident	2:	2c. DATE	SIGNED
-1		_	med	ad	mi		ATTENDING	MEDICAL	STAFF /		6/1	11/02/
1		224 PHYSICHAN'S	NAME TARE ORD	IB (6.17))		PHYSICIAN L	DIRECTOR	PHYSICIAN		4/1	480
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DHMH - 16 50M 1/B1 (VRA 15, 4)

Ambrose Funeral Home

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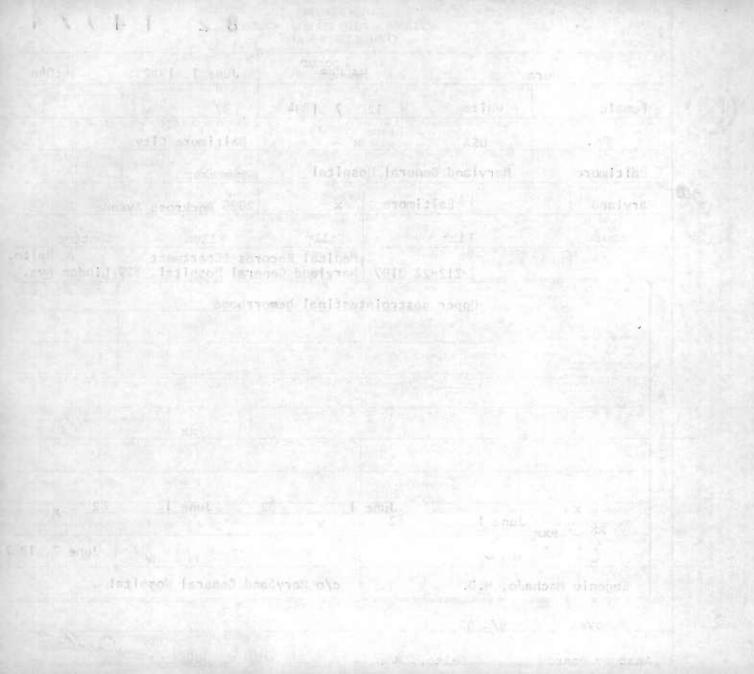


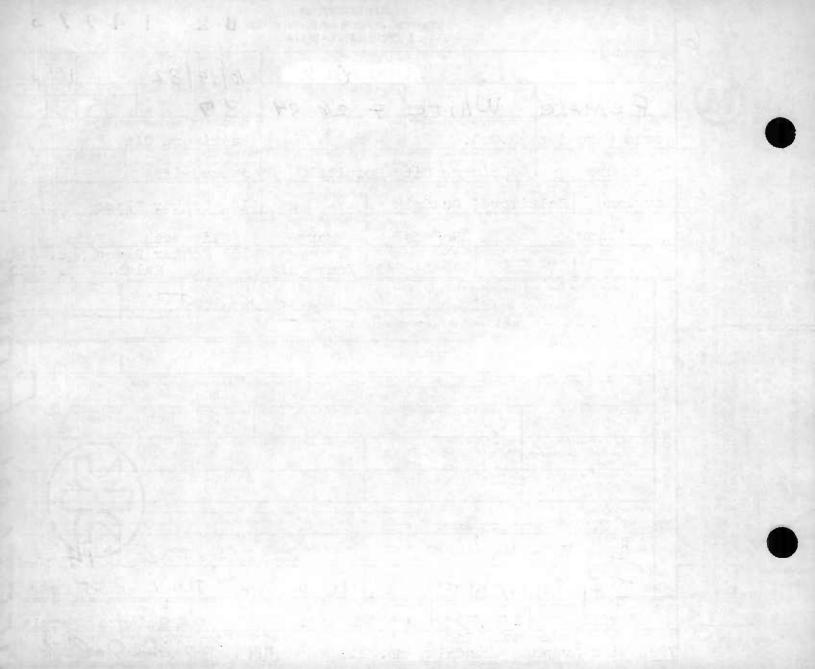
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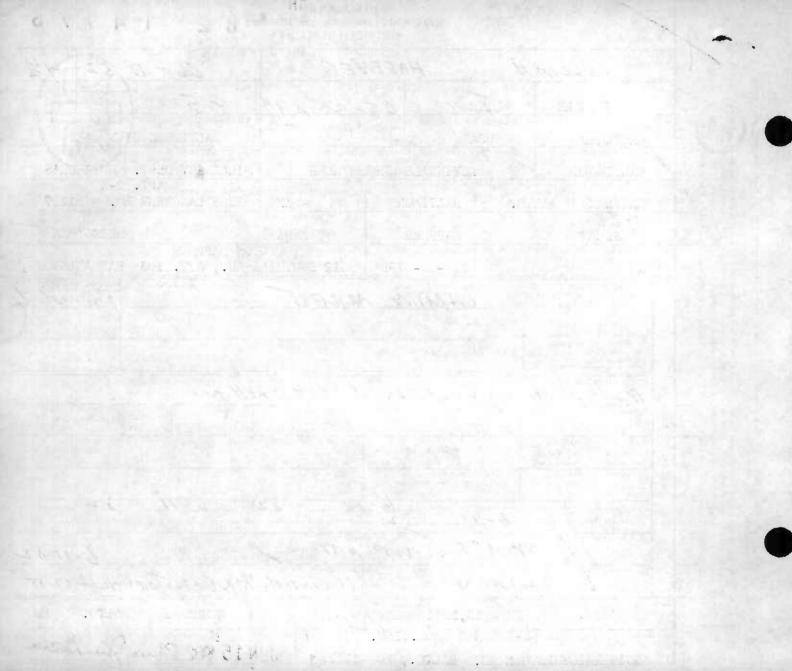
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Gb.j.

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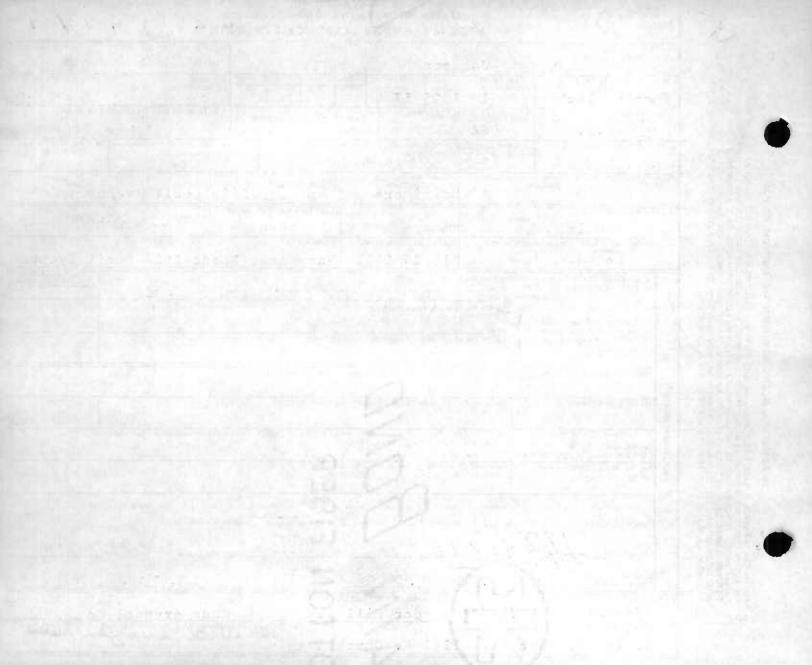
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18 CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) 20	Pages 1				CURITY NO. 17 INFORMANT	ADDRESS	
DUE TO, OR AS A CONSEQUENCE OF Conditions, if any, which gave rise to immediate cause for immediate cause			18 CAUSE OF DEATH (Enter only	one cause per line for (a), (b), a	and (c).)		APPROXIMATE INTERV
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OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) P.M. 19 21d. INJURY OCCURRED NA WHITE AT WORK NOW HITE AT WORK NOW HITE AT WORK 220. I certify that (I) (this haspital) ottended the deceased from 5-/4, 19 97, that (I) X saw the deceased of live and obove, (I) (we) (did) (did not) view the body after death. 220. I certify that (I) (this haspital) ottended the deceased from 5-/4, 19 97, that (II) X saw the deceased of live and obove, (I) (we) (did) (did not) view the body after death. DEGREE ATTENDING MEDICAL STAFF PHYSICIAN DIRECTOR PHYSICIAN DIRECTOR PHYSICIAN DIRECTOR PHYSICIAN DIRECTOR PHYSICIAN COUNTY 220. BURIAL, CREMATION, REMOVAL 236. DATE 230. BURIAL, CREMATION, REMOVAL 236. DATE 231. BURIAL, CREMATION, REMOVAL 236. DATE 232. NAME OF CEMETERY OR CREMATORY COUNTY COUNTY 234. LOCATION CITY OR TOWN COUNTY COUNTY COUNTY 236. BURIAL, CREMATION, REMOVAL 236. DATE 236. NAME OF CEMETERY OR CREMATORY COUNTY COUNTY COUNTY COUNTY COUNTY COUNTY COUNTY	Z s a pe	TIFICATION	190. DATE OF OPERATION		H OPERATION WAS PERFORMED	IN CERTIFY	ING CAUSES OF DEATH
270.1 certify that (I) (this haspital) attended the deceased from 5-14, 19 82, that (I) (this haspital) attended the deceased from 5-14, 19 82, that (I) (this haspital) attended the deceased from 5-14, 19 82, that (I) (some of the deceased of the decease	ol-trons tol Hyg m 18 sh		OR CONTRIBUTING CAUSE OF DEATH	HOUR A.M. MONTH	DAY YEAR NA	URRED (ENTER NATURE OF INJURY IN ITEM 18. PA	RT 1 OR PART 2}
Saw the deceased alive an S-14 19 22 ond that in (my) (our) opinion death accurred an the date and hour and from the couses above, (I) (we) (did) (did not) view the body after death. 22b. SIGNATURE DEGREE ATTENDING MEDICAL STAFF PHYSICIAN DIRECTOR PHYSICIAN STAFF STAFF OTHER STAFF STAFF PHYSICIAN DIRECTOR PHYSICIAN STAFF	the buris and Men ked or Ite	MEDIC	21d. INJURY OCCURRED NA	21e. PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE	21f. LOCATION	CITY OR TOWN	COUNTY ST
above, (1) (we) (did) (did not) view the body after death. 220. DATE SIGNI 221. DATE SIGNI 222. DATE SIGNI 223. DATE SIGNI 224. PHYSICIAN'S NAME GENERAL 225. DATE SIGNI 226. ADDRESS 226. DATE SIGNI 227. DATE SIGNI 228. ADDRESS 228. ADDRES	se os mor				5-14 , 19 8	2,10 5-14,1	19 82, that (1) (w
2726. SIGNATURE STAFF PHYSICIAN DIRECTOR PHYSICIAN	for u		X saw the deceased alive an above. (1) (we) (did) (did not):	view the body after death.	22, and that in (my) (our) opinion	on death accurred an the date and hour	ond from the couses sta
PHYSICIAN DIRECTOR DI	ched ched bept. Item			/ /		ALEDICAL CTAFE	22c. DATE SIGNED
SPECIFY OR TOWN COUNTY	deto deto ore D		allen in M	in 1	PHYSICIAN	DIRECTOR PHYSICIAN	3-1988
SPECIFIC CITY OR TOWN COUNTY	W + 2		1/2/	1		Em 22 His a'h	-0
SPECIFY) COUNTY	the Sara		1 / 1/10 200 16 /2	212 11 11 11 11 11 11 11 11 11 11 11 11	DIFITOR I FF	Chusting [122 201)	
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Anatomy Board Balto., Md. MAY 28 1982 Pances MAY	Should be week with the \$1 mmore re-		BURIAL, CREMATION, REMOVAL (SPECIFY) Removal UNERAL DIRECTOR	73b. DATE 236 5/21/82	C NAME OF CEMETERY OR CREMATOR	23d. LOCATION CITY OR TOWN DATE REC'D. BY REGISTRAR 25b. REGISTS	COUNTY

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	18	1 - 3	STATE 193		ICAL EXAMIN		AND MENTAL H	EDEOTH 4	14	97	9
	9		REGISTRAR FIRST	MED	MIDDLE	IER 3 C	LAST	20 DATE KNOWN		DAY YEAR	26 HOUR
			OR PRINT)	in Inh	nson		1011	OF ESTI-	[7]		
20 4 4	25 H	3 SEX	Dor I4. RACE	IS DATE OF BIRTH	6. AGE (IN YE	ARS IF UN	Hall DER 1 YR. IF UNDER		U	B 19 8	2d HOUR
	25 E	-	male black	MONTH DAY	YEAR LAST BIRTHD	AY) MONTH		MIN PRONOUNCED DEAD	6	8 19 82	8:26P
070	3020	7a 811	RTHPLACE (STATE OR	76 CITIZEN OF WHA		1	ED NEVER MARRI	9. BALTIMORE CITY	OR COUNTY		10.20
-	贈覧を	FOI	N.C.	USA	r ₀ =	WIDOW			ltimore	City	MD
	THE	10 CI	TY OR TOWN OF DEATH	II. NAME OF HOSP	ITAL, NURSING HOM	, OR OTH	ER INSTITUTION	12a. USUAL OCCUPATION (T	YPE OF WORK 121	OR INDUSTE	SINESS
4	SO WAY		Baltimore	2629	Cecil Ave						
21201	AND 3	13a 57	ATE Md 13b. COUN		Baltimore Baltimore		13d INSIDE CITY LIMITS? YES 🔀 NO 🗌	13. STREET ADDRESS 2629 Cecil	Avenu	ı e	
9	2257		THER'S NAME	MIDDLE	LAST		15. MOTHER'S MAIDE	ANDDLE		LAST	
H .	502 2300	0	Eddie		poten		Allene		Johnson	1	91
OWI	NA OSON		(AS DECEASED EVER IN U.S. ARA S, NO, OR UNKNOWN) (IF YES, GIVE		166. SOCIAL SECURIT		17 INFORMANT	ADDRE			
BALT	SAGE PAGE		No (was one		216-24-24	401	Mary Ann	e Boone 262	9 Ceci		
15	MIT BY		18 CAUSE OF DEATH (Enter onl PART I DEATH WAS CAUSED	y one cause per line f		. 1				BETWEEN ONSE	INTERVAL
- N	NAL SERVICE		1/292 IMMEDIAT	E CAUSE (a)	AFTER TOSC		cic cardio	ascular disea	se		
REST	VER ALC VER ALC ANSIT P AL HYGI REMOV	1	Canditians, if ony, which	1							
W. 9	EXAMINER A		gove_rise_to_immediate couse (a) stating the <u>under</u> -	DUE TO, OR A	AS A CONSEQUENCE	OF					-
201	ON, ON,		lying cause last.	(c)							
DIVISION OF VITAL RECORDS, 201 W. PRESTON ST	THIS CERTIFICATE SHOULD BE EXECUTED WITH WARDED TO THE CHIEF MEDICAL EXAMINES PAGE 3 SHOULD BE USED AS A BURIAL -TRAN STATE DEPARTMENT OF HEALTH AND MENTAL 21201 PRIOR TO BURIAL, CREMATION, OR RE	N	PART 2 OTHER SIGNIFICANT CONDITIONS	CONTRIBUTING TO DEATH B	UT NOT RELATED TO THE TERM	AINAL DISEAS	OR CONDITION GIVEN IN PA	RT T (ali	4154		
REC	HEAL CR	CERTIFICATION	19a. DATE OF OPERATION	196 CONDIT	ON FOR WHICH OPE	RATION W	AS PERFORMED?			20 AUTOPSY	-
IAI	MORD "PE WORD "PE NE CHIEF N BE USED / ENT OF HE/ BURIAL, C	TIFIC								YES 🗌	NO EX
OF.	O WEN	CER	210 EXTERNAL CAUSE WAS	216. TIME OF HOUR A.M.	MONTH DAY YEA	R 2Tc. H	OW INJURY OCCURRE	D (ENTER NATURE OF INJURY IN ITEM	18 PART 1 OR PART 2	2)	
NO	SA S	MEDICAL	UNDERLYING OR CONTRIBUTING CAUSE OF D		19	271.10	CATION				
IVIS	DED TO DEPAIR DE	MED	216. INJURY OCCURRED WHILE NOT WHILE	STREET, FACTO	FINJURY (AT HOME, DRY, FARM, ETC.)		STREET	CITY OR TOWN	COUN	TY	STATE
	ER: THIS ATE, WR ORWAR NR: PAG HE STATE JD, 2120		AT WORK AT WORK								
	きつにら こう		22a I certify that I took charg			Autap		-	ond in my opin	ion	
	EXAMI DID BE DIRECT DIRECT WITH WARYLY		death resulted from: Notur	ol causes IXX	Accident L., Si	vicide	, Homicide .	Undetermined manner	J.		
	H, WI		ACTUAL SIGNATURE	esta es	12		ASSIST	ant MEDICAL EXAMINER	DATE SIGNED.	6/9	/82
	SEATH ORE, /		0//	-		· ·					
	TO MEDICAL EXA EXECUTE THE CERT TO FUNERAL DIRE AFTER DEATH, WIT BALTIMORE, MAR.		EXAMINER'S NAME HO	rmez R. Gi	uard,M.D		ADDRESS 111	Penn Street,Ba	Ito.MD	21201	
	5 4 5 4 8 _	23a.B	URIAL, CREMATION, REMOVAL 2		23c. NAME OF CE			23d LOCATION CITY OR TOWN	COUNTY	r st	ATE
0407	BP	04.5	Burial UNERAL DIRECTOR	6/14/82	Cedar	Hill	Cem	Anne Aru	ndel C	O	Md
	DHMH - 17	1	NAME	ADDRESS	1101 E	NT T	JU		neso	en Reill	ian
	(VR A15 ME (5))	L V	Villiam C. Ma	ren F/H	TIUL E.	NOFE	II AVE		-		

20M 4/B2



STATE OF MARYLAND FOR STATE

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

1	RE	GISTRAR				CERTII	ICATE OF DEATH	REG. N	10.		
1		SED NAME	FIRST		MIDDLE		LAST	20 DATE OF DEATH	MONTH D	AY YEAR	26 HOUR
	TYPE OR F		ORA	ELT2	CABETH	НА	LL		06 28	82	7:00/1×
3	SEX		2 3 40 1	RACE	11.10114.11	5. DATE	OF BIRTH	6 AGE (IN YEARS LAST B	IRTHDAY)	IF UNDER I YEAR	IF UNDER 24 HRS.
L		EMALE		WHI	(TE	11	11 07	74	YRS	ONIHS DATS	HOURS MIN
7		PLACE ISTATE OR	FOREIGN 71		WHAT COUNTRY?	8	NEVER MARRIED	9 BALTIMORE CITY	OR COUNTY	OF DEATH	
7	Ma	ryland		U.S.A	7.	WIDOW		BALTIMORE	CITY		MD
		T TMORE	ATH 1	(IF NOT IN SUC	HOSPITAL, NURSING HEACILITY, GIVE STREET A	DDRESS)	OR OTHER INSTITUTION VENUE	12a USUAL OCCUPA (TYPE OF WORK FOR MOST Housewife	TION OF WORKING LIFE		OF BUSINESS OR
1	3a. STA	ESIDENCE (# NUR: 'E yland	13b. COUNT	THER INSTITUTION		ADMISSION)	136 INSIDE CITY LIMITS?	13e STREET ADDRESS 4701 Amber	rly Ave	nue	21229
1	l. FATHI	R'S NAME Warren	MI	Ľ.	Dougher	rty	15 MOTHER'S MAIDEN NAME Mannie	ME		W	ard
11		DECEASED EVER			166 SOCIAL SECUE		17 INFORMANT	ADDI	RESS		
		NO OR UNKNOWN)	(IF YES, GIVE)	WAR OR DATES)	214-12-9	9465	Ronald Bren	t 7803 Lil	erty R	d. 21	207
	С	PART I. DEATH V	/AS CAUSED IMMEDIATE , which	CAUSE (0)	Acute R AS A CONSEQUE	mys	heart in	faretro	`	10	MATE INTERVAL ONSET AND DEATH
	PA	ouse (a), stati inderlying cause	ng the lost.	(c)	r as a conseque Dntributing to D		NOT RELATED TO THE TERM	INAL DISEASE OR COI	NDITION GIVE	N IN PART 10	o-
2	21c	DATE OF OPERA	TION	196 CONDI	ITION FOR WHICH	OPERATIO	ON WAS PERFORMED	20a AUTOPSY?	20b. IF YES, IN CERTIFY	WERE FINDING CAUSES	NGS USED OF DEATH?
-								YES NO			NO 🗌
	- 0.0	CONTRIBUTING [CAUSE OF DEATH	1	FINJURY M. MONTH DA M.	Y YEAR	21c. HOW INJURY OCCUR	RED (ENTER NATURE OF INJ	URY IN ITEM 18 PA	RT I OR PART 2)	
	¥ ,	HILE NOT WE AT WO	RED	21e PLACE	OF INJURY REET, FACTORY, OFFICE, FA	ARM ETC)	211. LOCATION STREET	CITY OR T	OWN	COUNTY	STATE
	220	sow the decease	ed olive on_	pears)	e deceased from	sept ?	nd that in (my) (our) opinion	deoth occurred on the	date and hour		that (1) (===) lost couses stated
	221	SIGNATURE	han	B. H	usust	m	DEGREE ATTENDING PHYSICIAN	DIRECTOR PHYS	AFF ICIAN []	6/2	9/82_
Л	220	. PHYSICIAN'S N	AME (TYPE OR	PRINT	0		22e ADDRESS		(6,6)	1	7
		ABRAHAM	B. HU	RWITZ.	M.D.		7501 LIBERT	Y ROAD			
2	3n BLIR	AL CREMATION	REMOVAL	23h DATE	23c N	AME OF	EMETERY OR CREMATORY	236 LOCATION			

Loudon Park Cemetery

VRA 15, 4)

BP.

(SPECIFY)

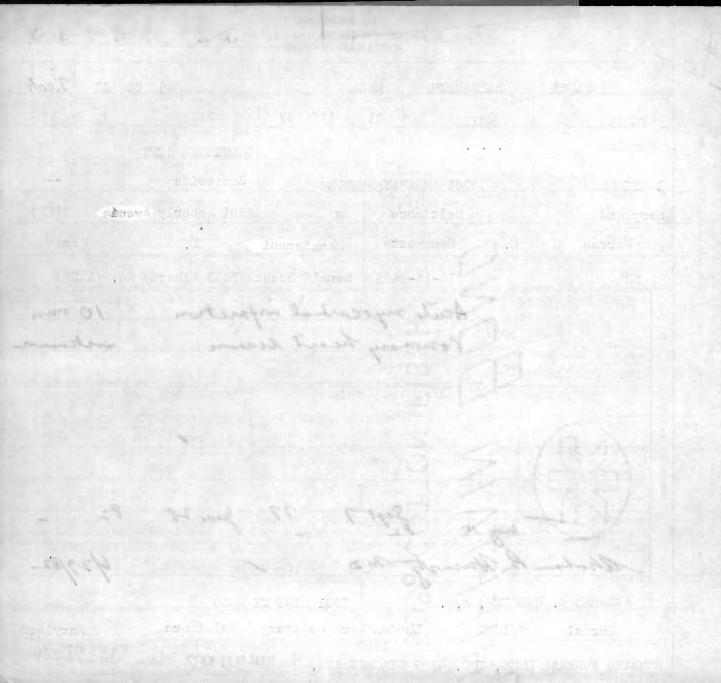
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21229 24 FUNERAL DIRECTOR HUBBARD FUNERAL HOME, INC. 4107 WILKENS AVE

7/1/82

Baltimore

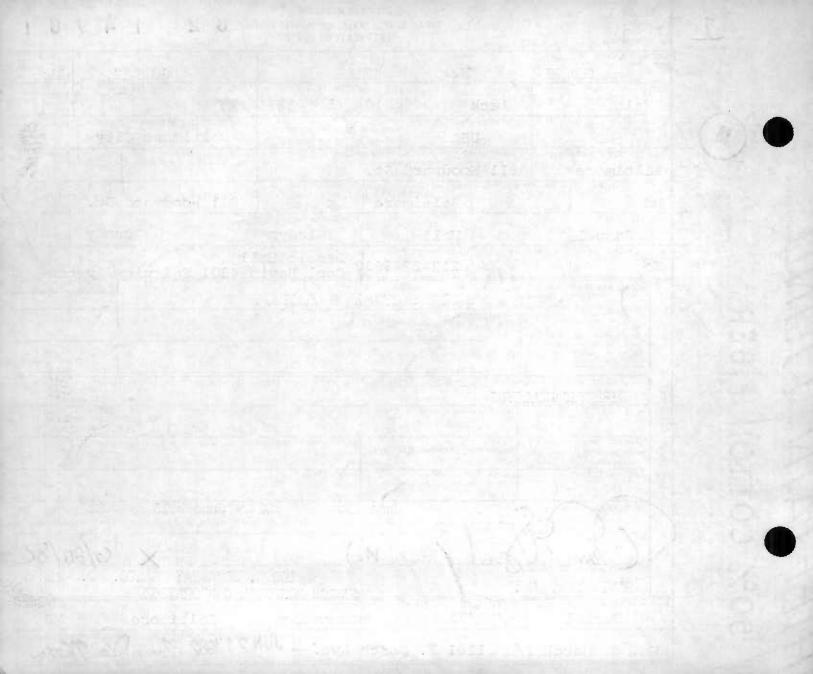
Mary land BY REGISTRAN 256 REGISTRANS SIGNATION OF 1982 Frances Jan Warthen



DEPARTMENT OF HEALTH AND MENTAL HYGIENE

	1 -	FOR STATE REGISTRAR		DEPARTM		EALTH AND MENTAL HYG ICATE OF DEATH	IENE 8	2 REG. NO	1	4	9	8	İ
		CEASED NAME FIRST GEORGE	W.			ASI LL	20 DATE OF D		JUNE	19,	VEAR 82	26 HOU	В Р 55 м
	3. SE	x Male	Black		5. DATE C		6 AGE TINYEA	RS LAST BIRT	HDAY]	IF UNDER		IF UNDER	
3		IRTHPLACE (STATE OR FOREIGN COUNTRY)	76 CITIZEN OF WHA		MARRIEI WIDOWE	D NEVER MARRIED DIVORCED	9 BALTIMORI Ba J	-					MD.
C	Ва	altimore	811 WOO	odward	St.	OR OTHER INSTITUTION	12a USUAL OG (TYPE OF WORK F			12b. I INDI	STRY	F BUSINE	SS OR
5	13a. S		NTY 13c	CITY OR TOWN	4	13d INSIDE CITY LIMITS?	13e SIREEI AU 811	DRESS WOO	dwar	d S	t.		
C		Samuel		Hall		15. MOTHER'S MAIDEN NAM Gladys		MIDDLE		Bun	dytasi		
/		NAS DECEASED EVER IN U.S. AR YES, NO OR UNKNOWN) (IF YES, GIV		212-22		Bessie Ha Carl Davi	11 s 4301	ADDRE		ew i	Ave	nue	
7	CERTIFICATION	Conditions, if ony, which gove rise to immediate couse (o), stoting the underlying couse lost PART 2 OTHER SIGNIFICANT C DIABETES MEL 19a. DATE OF OPERATION	DUE TO, OR AS b) DUE TO, OR AS (c) CONDITIONS CONTI	A CONSEQUE	NCE OF	NOT RELATED TO THE TERM			20b IF YE	S. WERE	FINDIN	IGS USER	0
7	MEDICAL CERTIF	210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEA	HOUR A.M.	MONTH DA	Y YEAR	21c. HOW INJURY OCCURR	40.0	NO X	YI	ES 🗍		NO [
	MED	21d INJURY OCCURRED	21e. PLACE OF IN		RM ETC)	211 LOCATION STREET	100	CITY OR TOV	VN	cou	NTY	5	TAIE
		27s.1 certify that (1) (this hospi sow the deceased alles on obeye, (1) (we) (did) and no 27s. SIGNATORS	une 19,	19		15	death accurred	on the do	10.75	or and Ire	om the	that (I) (scouses sta	
/			1D.		V	27e ADDRESS	MEDICAL DIRECTOR C N. BROAL		BAL	TO. 1	9/∂ MD.	212	231
		BURIAL, CREMATION, REMOVAL BURIAL	23b. DATE 6/23/8			uburn Cem	73d. LOCAT CITY OF B		more	COUNT	γ	MD	TATE
		Im. C. March	F/H 110	1 E N	North	n Ave.	N 2 1 19	82	Anca	112	IGNATI	Vail C	Su.

DHMH-16 50M 1/B1 (VRA 15, 4)



DHMH - 16 50M 1/81

(VRA 15, 4)

- STATE

REGISTRAR

I. DECEASED NAME

13e STREET ADDRESS 1930 Burnwood Road MIDDLE Bates ADDRESS APPROXIMATE INTERVAL carcinoma of liver PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110 206 IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? NON 216 HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) CITY OR TOWN COUNTY 6-9-19 82 , and that in (my) (our) apinion death occurred on the date and hour and from the causes stated 22c. DATE SIGNED ATTENDING MEDICAL STAFF
PHYSICIAN DIRECTOR PHYSICIAN 23a BURIAL, CREMATION, REMOVAL 231 NAME OF CEMETERY OR CREMATORY 23b DATE (SPECIFY) Burial 6/30/82 Arbutus Memorial Pk. Arbutus, Maryland 24 FUNERAL DIRECTOR Wm. C. March F/H 1101 E. North Ave.

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE O

CERTIFICATE OF DEATH

REG. NO

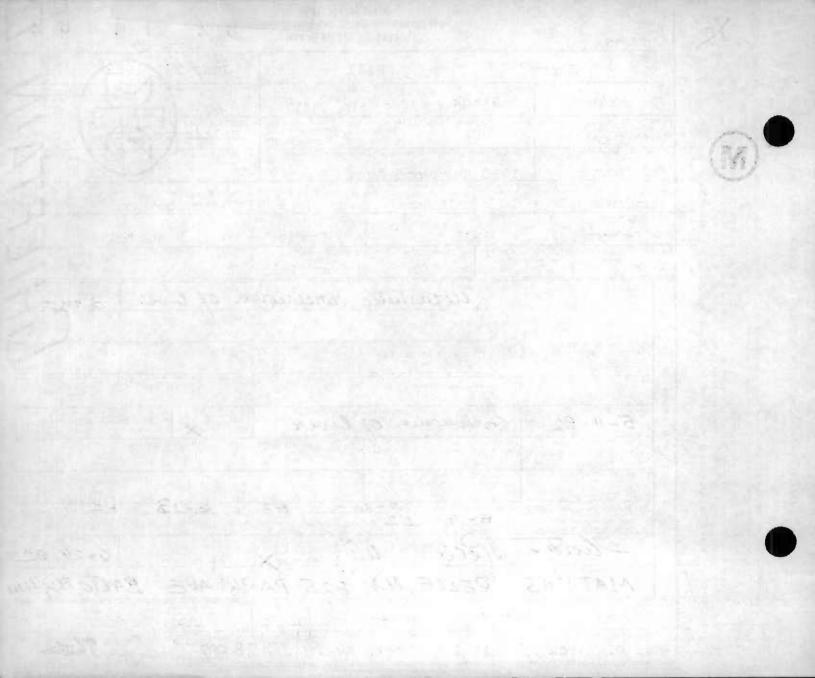
IF UNDER I YEAR

INDUSTRY

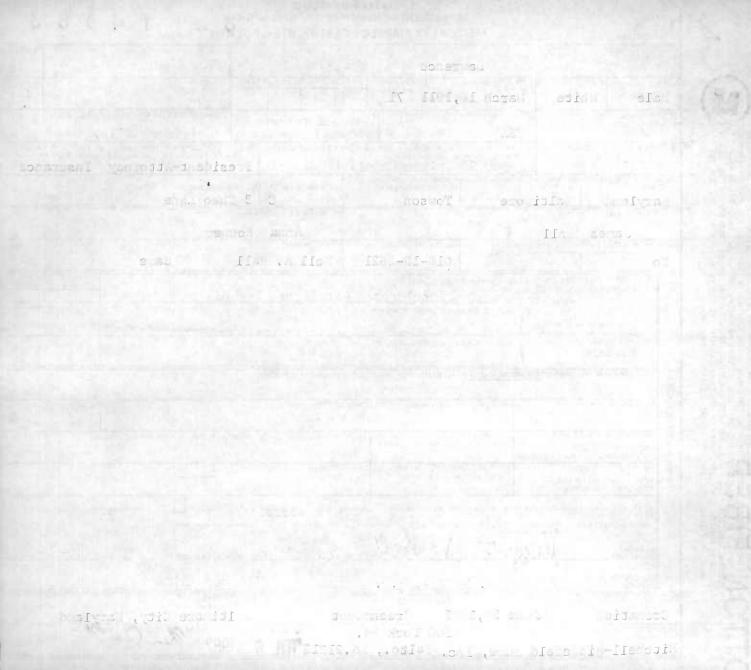
IF UNDER 24 HRS

126 KIND OF BUSINESS OR

20 DATE OF DEATH MONTH



	REGISTRAR ECEASED NAM	FIRST		MIDDLE	LAST		DATE KNOWN	MONTH	DAY YEAR	26 HC
(17	YPE OR PRINT)	Joh	nn I	awrence	Hall		OF ESTI-	6	28 19 82	
3. SE	Male	4. RACE White	S. DATE OF BIR'		RS IF UNDER 1 YR. II		DATE ONOUNCED DEAD	MONTH 6	28 1982	7d H
	BIRTHPLACE (S FOREIGN COUNTRY)	TATE OR	76. CITIZEN OF	WHAT COUNTRY?	8. MARRIED X NEVE	R MARRIED . 9	Baltimore city or Baltimore	-	OF DEATH	
5 10 0	Baltim		(IF NOT IN SUC	OSPITAL, NURSING HOME, HEACILITY, GIVE STREET ADDRESS) Samaritan Hos		FOR MO	OCCUPATION (TYPE (STOF WORKING LIFE) ident-Atto		25 KIND OF B OR INDUS Insur	TRY
130.	JAL RESIDENCE STATE Marvland	13b CO		130. CITY OR TOWN TOWSON	13d INSIDE CITY YES		rabbress eo Lane			
11.1	FATHER'S NAME FIRST Jam	es Hal	MIDDLE	LAST	FIRS A	nna Bonn	MIDDLE		LAST	
1	WAS DECEASE (YES, NO, OR UNKNO NO		ARMED FORCES? GIVE WAR OR DATES)	010-10-662		A. Hall	ADDRESS Same			
	Condition	ns, if any, wh		OR AS A CONSEQUENCE O	JT .					
z	gave ri couse (o lying cou	se to immedi) stating the <u>und</u> use last.	der- (b) DUE TO,	OR AS A CONSEQUENCE O		SIVEN IN PART 1 (0).				
KN	gave ri couse (o lying cou	se to immedi) stating the <u>und</u> use last.	iote (b) DUE TO, (c) IONS CONTRIBUTING TO DE		NAL DISEASE OR CONDITION (20 AUTOPS	
CALCERTIFICATION	gave ricouse (o lying car) PART 2 OTHER SI 19a. DATE OF	se to immedi stoting the und use last. GNIFICANT CONDITI	iote (b) DUE TO, (c) IONS CONTRIBUTING TO DE	ATH BUT NOT RELATED TO THE TERMI	NAL DISEASE OR CONDITION C	ED?	URE OF INJURY IN ITEM 18 PA	ART I OR PART	YES 🗆	/? NOX.
MEDICAL CERTIFICATION	gave ri couse (o lying cous PART 2 OTHER SI 19a. DATE OF 21a EXTERN. UNDERLYING CONTRIBUTI 71d IN 11/PY	See to immedia stoting the unit of the uni	iote (b) DUE TO, (c) IONS CONTRIBUTING TO BE 196 CON 216. TIME HOUR /	ATH BUT NOT RELATED TO THE TERMIN IDITION FOR WHICH OPERA OF INJURY A.M. MONTH DAY YEAR	NAL DISEASE OR CONDITION C	ED? DCCURRED (ENTER NA)	URE OF INJURY IN ITEM 18 PA	ART I OR PART	YES 🗆	
MEDICAL CERTIFICATION	gave ri couse (o lying cau PART 2 OTHER SI 19a. DATE OF 21a. EXTERN. UNDERLYING CONTRIBUTI 21d INJURY (WHILE AT WORK	GNIFICANT CONOITI OPERATION AL CAUSE WAS OR NG CAUSE OCCURRED NOT WHILE AT WORK fy that I took ch	OF DEATH	ATH BUT NOT RELATED TO THE TERMINICAL OPERA OF INJURY A.M. MONTH DAY YEAR P.M. 19 CE OF INJURY (AT HOME, FACTORY, FARM, ETC.) described above, held an	NAL DISEASE OR CONDITION OF ATION WAS PERFORM 21c HOW INJURY CO. 21L LOCATION STREET	Inspection XX	CITY OR TOWN		YES D	NOX STA
MEDICAL	gave ri couse (o lying cause (o lying cause) PART 2 OTHER SI 19a. DATE OF 21a. EXTERN. UNDERLYING CONTRIBUTI 21d. INJURY C WHILE AT WORK 22a. 1 certi death result	GNIFICANT CONOITI OPERATION AL CAUSE WAS OR OR OCCURRED NOT WHILE AT WORK fy that I took che ed fram: N	OF DEATH Control Cont	ATH BUT NOT RELATED TO THE TERMINICAL OPERA OF INJURY A.M. MONTH DAY YEAR P.M. 19 CE OF INJURY (AT HOME, FACTORY, FARM, ETC.) described above, held an	AUTOPSY	Inspection XX In Undeterring the Land Medical	Inquiry , and nined manner , AL EXAMINER	COUNTING THE COUNT	YES D	Хои



4	1-	FOR STATE REGISTRAR		DEPART		EALTH AND MENTAL HYO	GIENS 2	1 4	9	8 4
may be page 3			1 RACE	MIDDLE	S. DATE C	DE BIRTH YEAR YEAR	20. DATE OF DEATHY	MONTH DAY	YEAR UNDER 1 YEAR WITHS DAYS	5:30 N IF UNDER 24 HRS
		RTHPLACE (STATE OR FOREIGN		vite WHAT COUNTRY?		£.5, 9923 YEAR D □ NEVER MARRIED 🛎	9 BALTIMORE CITY O	YRS.		NOOKS MIN
ofter death		y or fown of DEATH	11. NAME OF	HOSPITAL, NURSING	WIDOWI		BALTIM 12a USUAL OCCUPAT (TYPE DE WORK FOR MOST O Unemplo)	OF WORKING LIFE!	174 126 KIND O INDUSTRY	F BUSINESS OR
n 24 hours filled in th hould be fill	13a. S	AL RESIDENCE (IF NURSING HOME OF TATE 134 COUNTY)	O .	GIVE RESIDENCE BEFOR		13d INSIDE CITY LIMITS? YES NO A	13. STREET ADDRESS 623 (Leve		Linth	ricum, Md
12 A20	1	George	MIDDLE	Hall		15. MOTHER'S MAIDEN NA	WIDDLE		Quigg	1
Poges of Control	16a V	VAS DECEASED EVER IN U.S. AR ES, NO ORIGINATION (IF YES, GIVI	MED FORCES? E WAR OR DATES)	213-36-1		Mr. Allen M.H	all, Same a			
that the death certifical d by the attending physical cose remove call-physical al. cemation, or remove other traumatic event.		Canditions, if any, which gove rise to immediate cause (a), stoling the underlying couse lost	D BY: TE CAUSE (o) DUE TO, C	OR AS A CONSEQU	gest ence of	ive Hoart	Failer	0	BETWEEN	MATE INTERVAL DISET AND DEATH
equires in signes Then plants injury, o	NO	PART 2. OTHER SIGNIFICANT O	tal	Cetan.	DEATH BUT	NOT RELATED TO THE TERM	AIN AL DISEASE OR CON	DITION GIVEN	IN PART 110) ⁾
on. Nos bes	CERTIFICATION	19a. DATE OF OPERATION	19b. COND	ITION FOR WHICH	OPERATIO	N WAS PERFORMED	200 AUTOPSY?	20b. IF YES, W IN CERTIFYIN YES [IG CAUSES	
NG PHYSKLAN. The ottending physician ifter this certificate in oil the buriol/hombit physiciand Mental Hygier carked at them 18 shown arked at them 18 shown are them 18 shown are them 18 shown are them 18 shown are them 18 shown are them 18 shown are them 18 shown are them 18 shown are them 18 shown are them 18 shown are them 18 shown are them 18 shown are the 18 shown	MEDICAL CER	210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEA (IF EITHER, NOTIFY MEDICAL EXAMINER) 214. INJURY OCCURRED	HOUR A P 21e. PLACE	DF INJURY .M. MONTH D .M. OF INJURY REET, FACTORY, OFFICE,	19	216 HOW INJURY OCCUR	RED (ENTER NATURE OF INJU		1 OR PART 2)	STATE
ATENDRIG P paral or offer GTOR. After t for use on the of Health ans of Health ans of Health ans	W	27a.1 certify that (1) (this haspi sow the deceased alive an above, (1) (we) (did) (did no	ital) attended th	ne deceased from	82.,0	nd that in (my) (our) opinion	to_Juy	P 18 19.	86	that (Dve) last
SPITAL OR A INERAL DIRE TO THE HEAD OF THE STORE DEPTH TRAIT If men		226. SIGNATURE	DA REPRINT	Sml		DEGREE ATTENDING PHYSICIAN 22e ADDRESS 96	MEDICAL STA		221. DATE	SIGNED -1/82
TO HOS retrained TO FUN with the		URIAL, CREMATION, REMOVAL BURIAL	23b. DATE			EMETERY OR CREMATORY ridge Mem. Par	1+1MORE	212 Howard°	236	MD
DHMH-16 60M 1/73 (VR A 15 (4))		ineral director Cully Funeral				25a. DA	E REC'D. BY REGISTRAR	25h REGISTRA	-	athen

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sow the deceased glive on 6/9/19/82 and that in (my) (our) opinion death occurred on the date and hour and from the causes stated	OR. USE		sow the deceased aliv	e on 6/9/	19 8 2 00	, 17	, 10	ate and hour and from	
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(VRA 15, 4)

REGISTRAR

STATE OF MARYLAND
DEPARTMENT OF HEALTH AND MENTAL HYGIENE &

CERTIFICATE OF DEATH

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STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

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L. H. Doardley 812 Hubbard St. Camb.

STATE

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24 FUNERAL DIRECTOR

DHMH - 16 50M 1/81 (VRA 15, 4)

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STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

CERTIFICATE OF DEATH

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20. DATE OF DEATH

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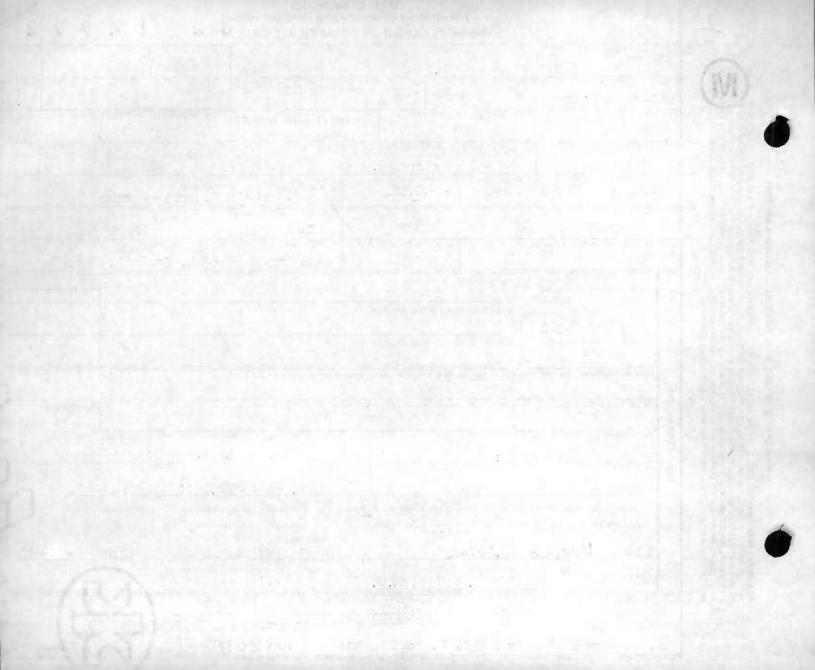
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STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE MEDICAL EXAMINER'S CERTIFICATE OF DEATH REGISTRAR FIRST 20 DATE KNOWN DECEASED NAME 7b HOUR (TYPE OR PRINT) OF-ESTI-Wilbert DEATH MATED 23 1982 Hardy 6 4 RACE 12:27 P. M SEX 6. AGE (IN YEARS IF UNDER 1 YR. IF UNDER 24 HRS DATE AST BIRTHDAY) MONTH PRONOUNCED Male 9 12 Nearo 1969 DEAD 1982 YRS BIRTHPLACE (STATE OR L CITIZEN OF WHAT COUNTRY? 9 BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIEDX Maryland USA Baltimore City. DIVORCED WIDOWED D CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL NURSING HOME, OR OTHER INSTITUTION 120. USUAL OCCUPATION | TYPE OF WORK | 126 KIND OF BUSINESS FOR MOST OF WORKING LIFE! Baltimore Union Memorial Hospital SUAL RESIDENCE (IF IN NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION 13e STREET ADDRESS Maryland 13b. COUNTY 13d. INSIDE CITY LIMITS? Baltimore 428 E. North Avenue YES X NO O 14. FATHER'S NAME 15. MOTHER'S MAIDEN NAME MIDDLE MIDDLE LAST RAY GFOREG LINDA HARDY 17 INFORMANT 16b. SOCIAL SECURITY NO. ADDRESS 68. WAS DECEASED EVER IN U.S. ARMED FORCES? (YES, NO. OR UNKNOWN) N/A Linda Hardy 2511 St. Paul St. Apt. 7A 18 CAUSE OF DEATH (Enter anly one cause per line far (a), (b), and (c).) BETWEEN ONSET AND DEATH PART I DEATH WAS CAUSED BY: Drowning IMMEDIATE CAUSE (a). DUE TO, OR AS A CONSEQUENCE OF Canditions, if any, which gove rise to immediate couse (o) stating the under-DUE TO, OR AS A CONSEQUENCE OF lying cause last. TO MEDICAL EXAMINER: THIS CERTIFICATE SHOULD BE EXECUTE
EXECUTE THE CERTIFICATE, WIRTING THE WORD, "PENDING IN IN PAGE 4 SHOULD BE FORWARDED TO THE CHIEF MEDICAL EXA
TO FUNERAL DIRECTOR: PAGE 3 SHOULD BE USED S.A
AFTER DEATH, WITH THE STATE DEPARTMENT OF HEALTH AND MI
BALTIMORE, MARKYLAND, 2) 201 PRIQR TO BURIAL, CHEWITH AND MI PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH RUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (6). 19g. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED? 20 AUTOPSY? YES (X) NO T 21a EXTERNAL CAUSE WAS 216. TIME OF INJURY 21c. HOW INJURY OCCURRED CENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 21 HOUR XX. MONTH DAY YEAR UNDERLYING DOR MEDICAL 22 1982 CONTRIBUTING CAUSE OF DEATH 2:30 M 6 subject drowned while playing in water 21d INJURY OCCURRED 21e PLACE OF INJURY JATHOME 21F LOCATION STREET, FACTORY, FARM, ETC.) WHILE WHILE AT WORK water 3300 blk. Falls Rd., Baltimore, Maryland 22a I certify that I took charge of the remains described above, held an Autopsy ond in my apinion Accident XX death resulted fram: Hamicide Undetermined monner Natural causes TITLE (SPECIFY) ACTUAL 6-25-82 Assistant SIGNATURE EXAMINER'S NAME Virginia L. Dolan, M.D. III Penn Street (TYPE OR PRINT) 230 BURIAL, CREMATION, REMOVAL 236 DATE 23d LOCATION STATE Burial 6/29/82 Baltimore Cemetery Baltimore, Maryland 24 FUNERAL DIRECTOR 250. DATE REC'D. BY REGISTRAR 256 REGISTRAR'S SIGNATURE **DHMH - 17** Wm. C. March F/H, Inc. 1101 E. North Avenue (VR A15 ME (5)) 20M 4/82



1	FOR 1 - STATE REGISTRAR				HEALTH AND MENTAL HYG	IENE 8	2 REG. NO.	4 9	9 3
4	P DECEASED NAME FIRST	MID	OLE		LAST	2a DATE C		DAY YEAR	2b HOUR
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Ì	3 SEX	4 RACE	- 44		OF BIRTH		YEARS LAST BIRTHDAY)	IF UNDER I YEAR	IF UNDER 24 HRS
	Female	White		Jan	uary 1, 1902	80	YRS	MUNTHS DATS	HOURS MIN.
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1	Maryland	U.S.A	-	WIDOW				I	MD.
1	BALTIMORE	UNION	MEMORIAL	HOS	OR OTHER INSTITUTION	(TYPE OF WO	LOCCUPATION ORK FOR MOST OF WORKING LIF TEATY		G&E
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I	IA. FATHER'S NAME	MIDDLE	LAST		15 MOTHER'S MAIDEN NAM				
		lare	FW21		Annie	M.	Alban	LAS	
Ť	160 WAS DECEASED EVER IN U.S. A		SOCIAL SECUR	TY NO.	17. INFORMANT		ADDRESS		
	(YES NO OR UNKNOWN) (IF YES, G	GIVE WAR OR DATES)	16 09 73	93	Jean Hare	4134	Falls Road	l Balte	o.Md.
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	27a 1 certify that (1) (this has sow the deceased alive a above (1) (we did (did n 27b. SIGNATURE				, 19.82 nd that in (my) (our) opinion d DEGREE	, to leath occurr	ed on the date and hou		
	Doneye	-, M.D.			ATTENDING PHYSICIAN	MEDICAL DIRECTOR	STAFF PHYSICIAN	6/13	182
	Dale M. M	orprint)	M.D.		Union Mem	0-121	Hospital		
	230 BURIAL, CREMATION, REMOVA Burial	16 June			EMETERY OR CREMATORY	23d LOC	Y OR TOWN	COUNTY	STATE

DHMH - 16 50M 1/B1 (VRA 15, 4)

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MPORTANT: If Item 21 is

24 FUNERAL DIRECTOR
Burgee Funeral Home

me 3631 Falls Rd. 21211

Pikesville Bal

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		WILL			HARE	DEATH MATED	6 27 19 82
3 SI	x ale	White	5. DATE OF BIRTH		UNDER 1 YR. IF UNDER	24 HRS. 2c DATE PRONOUNCED DEAD	6 27 1982 D
70	BIRTHPLACE IS		75 CITIZEN OF W	HAT COUNTRYS IS	RRIED A NEVER MARRI	9. BALTIMORE CITY OR	
	OREIGN COUNTRY) Illinoi	g	U. S.		WED DIVORCE		itv
	ITY OR TOWN		11 NAME OF HO	SPITAL, NURSING HOME, OR O'		12a USUAL OCCUPATION (TYPE O FOR MOST OF WORKING LIFE)	OF WORK 12h KIND OF BUSINESS OR INDUSTRY
1	Balti		St. Agne	es Hospital GIVE RESIDENCE BEFORE ADMISSION)		Painter-Self H	Employed
	STATE Md.	13b. COU		13c. CITY OR TOWN Balto.	134 INSIDE CITY LIMITS? YES NO [13e. STREET ADDRESS 444 S. Pulaski	i St.
14, 1	ATHER'S NAM		MIDDLE	Hare	15. MOTHER'S MAIDE FIRST Cora	N NAME MIDDLE	LAST Parks
	WAS DECEASE	DEVER IN U.S. A	RMED FORCES?	166. SOCIAL SECURITY NO.	17 INFORMANT	A9869	Summit Ave.
		, , , , , , , , ,	, transfer of the transfer of	214-16-5453	Mrs. Virgi	nia Upton	#21227
	PART I DI	IMMEDI.	ED BY: ATE CAUSE (a) DUE TO, OF	e for (a), (b), and (c).) Arterioscleroti R AS A CONSEQUENCE OF	c cardiovaso	cular disease	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
FICATION	Candition gave in couse (on lying control of the state of	ns, if any, whice se to immediate stating the under use last.	ED BY: ATE CAUSE (a) DUE TO, OF (b) DUE TO, OF	Arterioscleroti	ASE OR COMOITION GIVEN IN PAI		20. AUTOPSY?
DICAL CERTIFICATION	PART 1 DI Canditio gave ri cause (a lying cou	IMMEDI. Ins, if any, whice se to immediate is stating the under u	ED BY: ATE CAUSE (a) DUE TO, OF (b) DUE TO, OF (c) 19b. COND 21b. TIME O HOUR A.A. F DEATH	Arterioscleroti R AS A CONSEQUENCE OF BUT NOT RELATED TO THE TERMINAL DISE ITION FOR WHICH OPERATION OF INJURY M. MONTH DAY YEAR A. 19	WAS PERFORMED?		20 AUTOPSY? YES NO NO
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	PART 1 DI Candition gave in couse (o lying coi PART 2 OTHER S 19a. DATE OI 21a. EXTERN. UNDERLYING CONTRIBUTI 21d. INJURY 6 WHILE AT WORK	ATH WAS CAUS IMMEDI. Ins, if any, whice se to immediate se to immediate set of immediate	ED BY: ATE CAUSE (a) DUE TO, OF (b) DUE TO, OF (c) 19b. COND 21b. TIME O HOUR A.A. F DEATH 21e PLACE STREET, FAC	Arterioscleroti R AS A CONSEQUENCE OF BUT NOT RELATED TO THE TERMINAL DISE ITION FOR WHICH OPERATION OF INJURY M. MONTH DAY YEAR A. 19 OF INJURY (AT HOME, CTORY, FARM, ETC.) Escribed obove, held an Autocident . Suicide	WAS PERFORMED? HOW INJURY OCCURRE OCATION STREET apsy Inspection Hamicide TITLE (SPECIFY) M.D. ASSISTANT	D (ENTER NATURE OF INJURY IN ITEM TS PAI CITY OR TOWN In Many Induiry In and Undetermined manner In Industry In	20 AUTOPSY? YES NO RTTORPART2) COUNTY STATE in my apinian DATE SIGNED 6-28-82
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DEPARTMENT

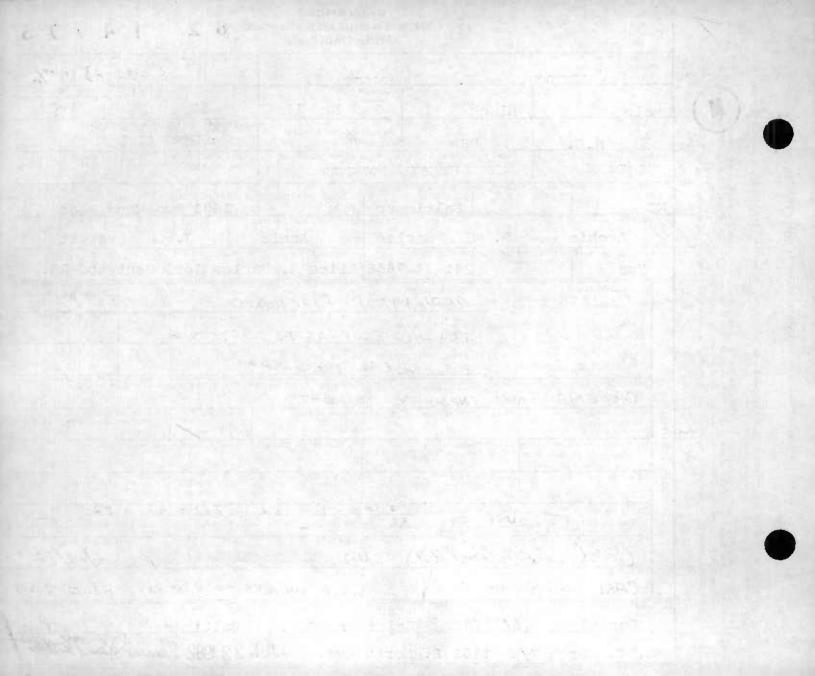
STATE OF MARYLAND OF HEALTH AND MENTAL HYGIENE

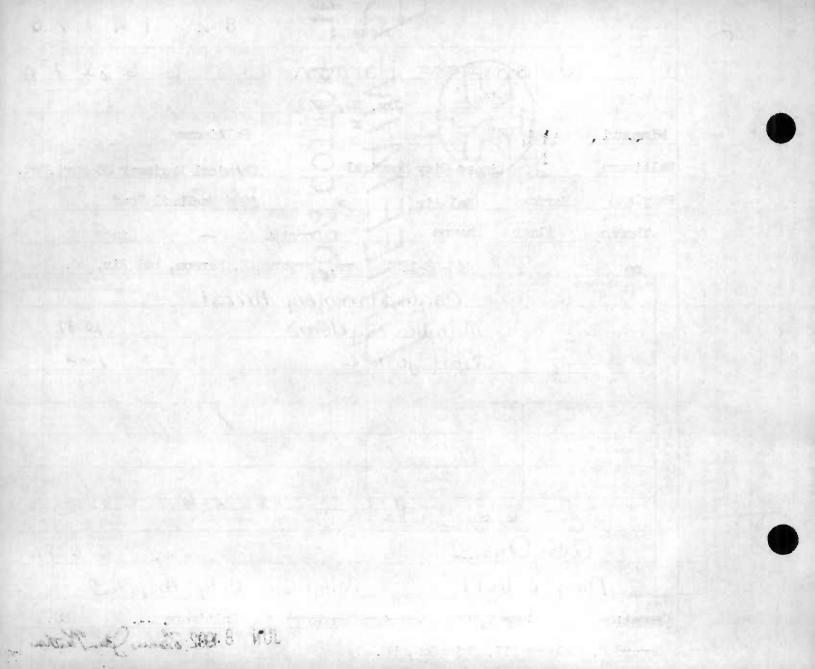
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		REGISTRAR		CERTIT	CAIL OI DEA	111	REG. NO	D. 1		
		CEASED NAME FIRST	WIDDLE	U	AST		20 DATE OF DEATH	MONTH DA		2b HOUR
į,	3 SEX	LENWOOL	W W RACE	HART.			6 AGE LINYEARS LAST BIRT	0 -	2-82 FUNDER I YEAR	3 % M
				MONTH	DAY	YEAR 4	58	WC	ONIHS DATS	HOURS MIN.
V		ale	Black 76 CITIZEN OF WHA	T COUNTRY? 8	14 2		9. BALTIMORE CITY O	YRS	DEDEATH	
2		N.C.	USZ	MARRIED	NEVER MARI	SIED -	BA:TIMOF	-		MD
P		TY OR TOWN OF DEATH ALTIMORE		PITAL, NURSING HOME OF MEMORIAL HOS		ION	120 USUAL OCCUPATION (1YPE OF WORK FOR MOST OF			F BUSINESS OR
5	130 S MI		1TY 13c.		13d. INSIDE CITY L		13e STREET ADDRESS 1603 P	entwo	od Ro	ad
2	14 FA	THER'S NAME FIRST Archie	B.	Harlee	15. MOTHER'S MA	nnie	MIDDLE J.		Evere	++
4	16a V	VAS DECEASED EVER IN U.S. AR		SOCIAL SECURITY NO.	17 INFORMANT		ADDRE		DVCLC	
	(4	Yes GIV	E WAR OR DATES) 24	1-24-7666	Alice M	м. На	arlee 160	3 Pen	twood	Rd.
		18 CAUSE OF DEATH Enter on PART I. DEATH WAS CAUSE	ly one couse per line to		(PMG.	1/1-	110		BETWEEN	MATE INTERVAL ONSET AND DEATH
١		1509 IMMEDIAT	E CAUSE (o)	SPIRATTON	TIXE	JAON	311-3		-	
		Conditions, if ony, which		A CONSEQUENCE OF RACHEO-ES	OPHORE	THE STATE OF THE S	FISTULA	1		
1		gove rise to immediate couse (a), stating the			01711760	716	7/3/00/			
		underlying cause lost.		SOPHAGEAL	- CARCI	NOM	4	3		
	Z	PART 2 OTHER SIGNIFICANT C	C 0- 4			THE TERMIN	NAL DISEASE OR COND	ITION GIVE	N IN PART TIE	3
	CERTIFICATION	CACHEXIA 1		ABILITY TO	WAS PERFORME	D	20s AUTOPSY?		WERE FINDIN	
-	I I						YES NO	IN CERTIFY!	ING CAUSES	OF DEATH?
		210. ACCIDENT WAS UNDERLYING CONTRIBUTING CAUSE OF DEA		URY MONTH DAY YEAR	21c. HOW INJURY	OCCURRE	D (ENTER NATURE OF INJUR	Y IN ITEM 18 PAR	T 1 OR PART 2)	
1	MEDICAL	(IF EITHER NOTIFY MEDICAL EXAMINER		19	NU LOCATION					
	MEG	WHILE NOT WHILE AT WORK	21e PLACE OF IN	ACTORY, OFFICE, FARM, ETC.)	211 LOCATION STREET		CITY OR TOV	YN	COUNTY	STATE
1	- 1	22a.1 certify that (I) (this haspit	tal) attended the dec	eosed from JUN	E 9 11	82	TUNE	22 19	9 82	that (I) (we) lost
1		sow the deceased alive an above. (I) (we) (did) (did no	JUNE 2	death.	d that in (my) (our	Lopinion de	eath occurred on the do	te and hour	and from the	couses stated
١		27h SIGNATURE	21.0.6	21100	DEGREE	NDING	MEDICAL STAF	F /	22c. DATE	SIGNED
0		234 PHYSICIAN'S NAME ITHE	eereurg	(Was) h			DIRECTOR PHYSIC		6/4	2/802
		AND THE PROPERTY OF THE PARTY O	_ (/,	1. D.		NIVEX	SITY PARK	WAY	BALK	0. 212/8
	23a 81	URIAL, CREMATION, REMOVAL	23b. DATE		METERY OR CREM		23d. LOCATION		COUNTY	STATE
	04 5	Burial	6/26/82	Baltin	more Cer		Baltimo			MD
		INERAL DIRECTOR	711 1101	E. North	7,770	75a DATE	REC'D. BY REGISTRAR	Sb REGISTR	SIGNA	Varther
	WI	n. C. March H	\u 1101	L E. NOTTH	Ave.	301	17 44 1306 4	10000	1	

DHMH - 16 50M 1/81 (VRA 15, 4)

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FOR STATE REGISTRAR			DEPARTA	MENT OF H	E OF MARYL TEALTH AND TICATE OF	MENTAL HYG	IENE 8 2	NO.	4 9	9	8
I. DECEASED NAME	FIRST		AIDDLE	ì	LAST		20. DATE OF DEATH	MONTH DA	YEAR .	26 HOU	IR OS
	KEVI	N	1.	HAR	RRIS			6/3/	182	10-	M
male		blacl	c	S. DATE C		1959	6 AGE (IN YEAR)	The state of the s	DAYS	HOURS	Z4 HRS MIN.
Md BIRTHPLACE (STATE	OR FOREIGN	76 CITIZEN OF	WHAT COUNTRY?	MARRIE WIDOWE		MARRIED 😾	9. BALTIMORE CITY BALTIMOI				MD.
Baltimore			OSPITAL, NURSIN HEACILITY, GIVE STREET	ADDRESS)	HOSPI		120 USUAL OCCUPA (TYPE OF WORK FOR MOS		126 KIND OI INDUSTRY	BUSINE	
USUAL RESIDENCE (IF M 130 STATE Md		R OTHER INSTITUTION	GIVE RESIDENCE BEFORE 136. CITY OR TOW Baltimo	ADMISSION)	13d INSIDE O		13e STREET ADDRES	s Spring	Stre	et	
Robert		WIDDLE	Harris			s MAIDEN NAM 1berta	MIDDLE		Roy		r
160 WAS DECEASED EN		RMED FORCES?	166 SOCIAL SECU N/A		17 INFORMA Alber		ris 1708	N. Sp	ring	Str	eet
18 CAUSE OF DE PART I. DEATH Conditions, if c	IMMEDIA	ED BY: TE CAUSE (0)	r AS A CONSEQUE		, hy ega Na	yocyli	ion laune	niù	APPROXIM BETWEEN O	mate inter	VAL DEATH
cause (a), strunderlying co	use lost	(c)	R AS A CONSEQUE	NCE OF			INAL DISEASE OR CO		N IN PART I (0		ility
190. DATE OF OPE	ration	196 CONDI	TION FOR WHICH	OPERATIO	N WAS PERFO	DRMED	200 AUTOPSY?		WERE FINDIN		H? •

CERTIFICATION 216. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) HOUR A.M. YEAR MEDICAL 21e PLACE OF INJURY 211 LOCATION COUNTY STATE CITY OR TOWN (AT HOME STREET, FACTORY, OFFICE, FARM, ETC.) NOT WHILE hospital) attended the deceased from

22d. PHYSICIAN'S NAME

22e ADDRESS

THE DATE SIGNED

COUNTY

230 BURIAL, CREMATION, REMOVAL 236 DATE (SPECIFY) Burial

231 NAME OF CEMETERY OR CREMATORY Baltimore Cemetery

DEGREE

Baltimore

Md

24 FUNERAL DIRECTOR

226. SIGNATURE

William C. March F/H 1101 E. North Ave

6/7/82

DHMH - 16 50M 1/81 (VRA 15, 4)

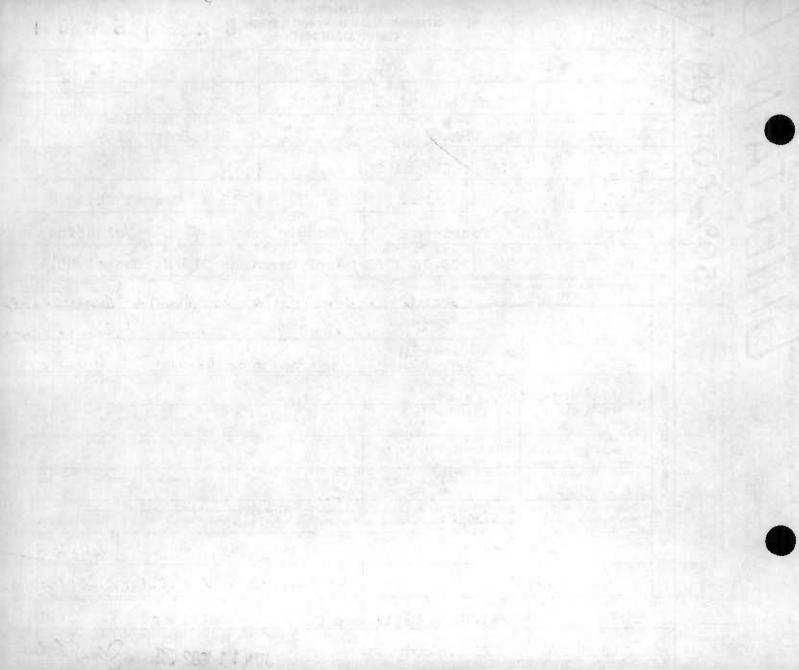
MPORTANT

0128/8/01 YTEO DIGITAL G THE TOTAL PROPERTY OF THE allowing yourself M. T. M. Thomas from That

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4	1.	FOR STATE REGISTRAR	DEPART	MENT OF HEALTH AND MENTAL HY	GIENE 8 2	15000
y be		CEASED NAME ARE FIRST MARU	MIOOLE W.	HALL'S	20 DATE OF DEATH MON	TH DAY YEAR 26, HOUR
oge 4 mo	3. SE	F	4 RACE B.	5. DATE OF BIRTH MONTH DAY S-9-05	6. AGE (IN YEARS LAST BIRTHDAY	MONTHS DAYS HOURS MIN.
de art. P		COUNTRY) VICQINIA	L.S. A	MARRIED NEVER MARRIED WIDOWED DIVORCED	BALTIMORE CITY OR CO	OUNTY OF DEATH MD. MD.
os offer	1	BAHO.	BON SECOL	113 HOSD.	120 USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WO	RKING LIFE) 126. KIND OF BUSINESS OR INDUSTRY HOME
rin 24 hou hould be	130	136 COUN	OTHER INSTITUTION, GIVE RESIDENCE BEFOR	YES MO		toNST-
ompletely 1 and 2 s		Robert	T. West	15. MOTHER'S MAIDEN NA	ANN	Morris
be execution and constructions. Pages 1		VAS DECEASED EVER IN U.S., AR/ YES, NO OR UNKNOWN) (18 YES, GIVI	E WAR OR DATES)	436 Mrs. Lula B	TAYLOR 91	11111111
rentificate ng physici bon paper removal.		18 CAUSE OF DEATH (Enter only PART I. DEATH WAS CAUSE)		ARDIAC AR	Pest	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
the death or the attendin remove cort emation, or er troumatic		Conditions, if any, which gave rise to immediate	DUE TO, OR AS A CONSEQUE	OCARDIA!	Infara	+ 24 hrs
thot d by ease ial, cr		cause (a), stating the underlying cause last.	DUE TO, OR AS A CONSEQU	S. C.V. U.		1045
been signe brint. Then pl prior to bur	MOLL	PART 2 OTHER SIGNIFICANT C		DEATH BUT NOT RELATED TO THE TERM		
S c c c c c c c c c c c c c c c c c c c	CERTIFICATION	21g. ACCIDENT WAS UNDERLYING		OPERATION WAS PERFORMED		D. IF YES, WERE FINDINGS USED CERTIFYING CAUSES OF DEATH? YES NO
HYSICIAN: The dung physicion ins certificate he buriol-tronsit I Mentol Hygies or them 18 show	MEDICAL C	OR CONTRIBUTING CAUSE OF DEA	TH HOUR A.M. MONTH D	YEAR 19 211. LOCATION	CENTER NATURE OF INJURY IN	TEM IB PART I URPART 2}
OING PH or offence Affer this e os the k oith and i	ME	WHILE NOT WHILE AT WORK	(AT HOME STREET, FACTORY, OFFICE,	FARM, ETC.) STREET	CITY OR TOWN	COUNTY STATE
ATTENE nospitol of RECTOR: ed for uss pt. of Hec		saw the deceased alive on.	oil) attended the deceased from 17 19 19 19 19 10 view the bady after death.		death accurred an the dote a	nd hour and from the couses stated 226. DATE SIGNED
PITAL OR by the I ERAL DIR Store De ANT: If It		22d PHYSICIAN'S NAME (TYPE OF	K. mich	11 3 M A ATTENDING	DIRECTOR PHYSICIAN	100000000
TO HOSPITAL retained by the TO FUNERAL should be deto with the State (IMPORTANT: H	230	JOSHUZ BURIAL, CREMATION, REMOVAL	R. M. + che	NAME OF CEMETERY OR CREMATORY		son Plud.
// BP	B	UF (3) UNERAL DIRECTOR	6-22-82 A	trbulus	BCITY OR TOWN TE REC'D. BY REGISTRAR 25	COUNTY Md STATE
DHMH-16 30M 2/80 (VRA 15, 4)	1	AS. A. MORTON	1 Sons 1701	LAURENS J	UN 18 1982	rome Jamlatter

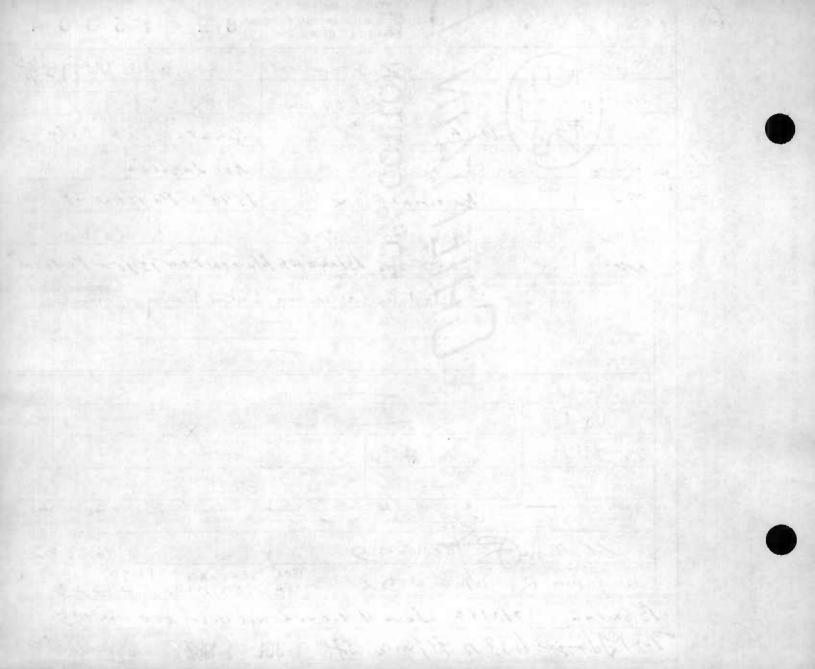
a sa Mila da Maria da COLUMN TO THE RESIDENCE OF THE STREET OF THE COCHRDINE ARREST LES HYLLER DOR LINGS 2443 (3) A. S. C. 4. D. 10995 Z6 78 384 02 17 JUNE 31 JUNE 71 John Kniedwyn, y Mante Joshua K. Mitchelling 220 2 Varrison Plud approved to Classes of Marketine

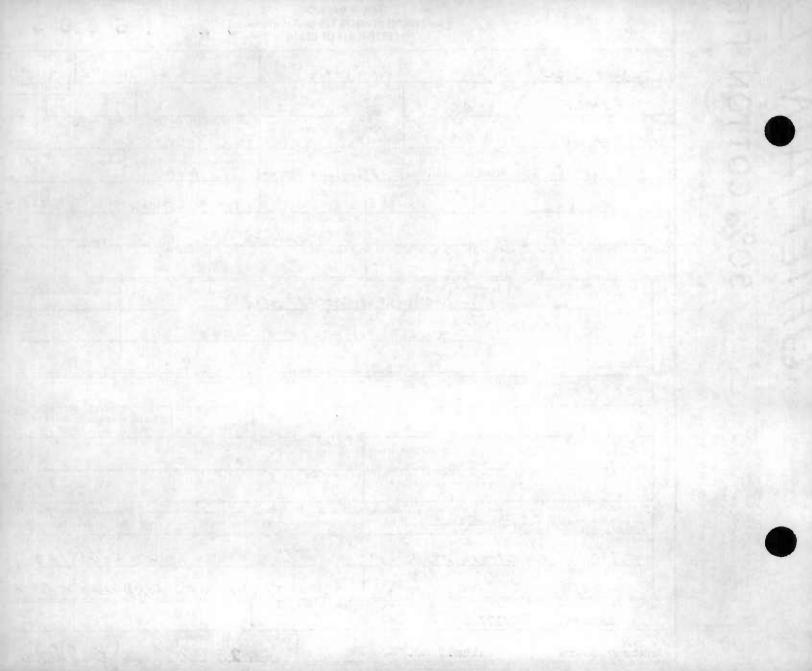


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11-	STATE REGISTRAR		MEDICAL					24		1 5	0 0) 2
	CEASED NAME F	IRST	WIDDLE		LAS	57		Ze. DATE	REG. NO	W MONTH	DAY YEAR	26 HOL
(1)	PE OR PRINT)	uglas	Garide:	3	Har	rvey		OF DEATH	MATED _	6	1419 83	
. SE		S. DAT	E OF BIRTH	6. AGE (IN YE	ARS IF UNDE	R I YR.	IF UNDER 24	HRS. 2c. DATE		MONTH	DAY YEA	R 2d HOL
Ma	ale White	y Ju	1y 9,1928	53 Y	RS.	DAYS	HOURS M	N. PRONOUI	NCED)	6	14 19 83	2 2:20
7a 8	IRTHPLACE (STATE OR DREIGN COUNTRY)	7b. CIT	IZEN OF WHAT COUN			X1 NEV	ER MARRIED	9. BALTIA	AORE CITY C	R COUNT	Y OF DEATH	
	ew Jersey	11/1/2	USA		WIDOWED		DIVORCED		timore	City		M
10. C	ITY OR TOWN OF DEATH		ME OF HOSPITAL, NU		OR OTHER	INSTITUT	ION 12	USUAL OCCU				BUSINESS
	Baltimore	Uı	nion Memori	al Hos			1	ndustri	al Cor	sult		nergt
	AL RESIDENCE (IF IN NURSING	HOME OR OTHER I		OR TOWN		d. INSIDE (II	- 121- 1	STREET ADDR				
	Maryland			ltimor		YESX	NO 🗆	220 Rid		Rd.		
4. F.	ATHER'S NAME FIRST	WIDGE	8.	LAST	15	MOTHE	R'S MAIDEN I	NAME A	AIDDLE		LAST	
		n Harve	y				Ruth I					
6a \	WAS DECEASED EVER IN U	.S. ARMED FO		CIAL SECURIT	Y NO. 17	. INFORM	ANT		ADDRESS	,		
	Yes	Korea	n 043-	-22-24	93 1	Dolor	ces C.	Harvey	S	Same		
	18 CAUSE OF DEATH (ER	nter only one co									APPROXIMA BETWEEN ON	ATE INTERVAL
		AEDIATE CAUS	SE (a) Arterio	scler	otic Ca	ardic	vascul	ar Dise	ase			77.74.75
	9272		DUE TO, OR AS A CON	ISEQUENCE	OF							
	Canditions, if any, gave rise to imm	ediote)	(b)									
	cause (a) stating the s lying cause last.	under-	DUE TO, OR AS A CON	ISEQUENCE	OF							
			(c)									
z	PART 2 DTHER SIGNIFICANT CON	DITIONS CONTRIBU	TING TO DEATH RUT NOT RELA	TED TO THE TERA	IINAL DISEASE OI	CONDITION	GIVEN IN PART 1	(e),				
ATIO	19a. DATE OF OPERATION	v I	196 CONDITION FOR	WHICH OPER	ATION WAS	PERFORA	MED?				20 AUTOPS	Y?
IFIC		100									YES 🗆	
CERTIFICATION	21a EXTERNAL CAUSE W	'AS	216. TIME OF INJURY			INJURY	OCCURRED (ENTER NATURE OF IN	JURY IN ITEM 18	PART I OR PAR		NO X
ALC	UNDERLYING OR	SE OF DEATH	HOUR A.M. MONTH P.M.	DAY YEA	3							
MEDICAL	21d. INJURY OCCURRED		21e PLACE OF INJURY	(AT HOME,	21f LOCA							
X	WHILE NOT WHILE		STREET, FACTORY, FARM, E	TC.)	STRE	ET		CITY OR TO	WN	cou	PTM	STATE
	AT WORK							7				
		-	remains described aba		Autopsy		Inspection X			nd in my api	inian	
	death resulted fram:	Natural cause	es LAJ, Accident	L, Su	icide	Homici		Indetermined m	anner,			
	ACTUAL LA	A Land C	LONG.			TITLE (SE	stant	200		DATE	6-	15-82
	SIGNATURE	Juna	- COLA		M.D.	/1351	310111	MEDICAL EXAM	AINER	SIGNE	D	. 5 02
-	EXAMINER'S NAME (TYPE OR PRINT)	irgini	a L. Dolan,	M.D.	AD	DRESS	111	Penn S	treet			
23 a. B	URIAL, CREMATION, REMO			NAME OF CE				3d. LOCATION		***		
(Cremation	June	e 16,1982	Green	nmount			Baltim	ore Ci	COUN	1000	STATE
24 F	UNERAL DIRECTOR			York		2		D. BY REGISTR	AR 256 SIGI		IGNL VIET	6
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N. C. C.		7 106.4		
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- STATE

REGISTRAR 1. DECEASED NAME

BETWEEN ONSET AND DEATH PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110 hability to eat, secondary to status post cerebrovascular accident 1976 20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? TIL HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART TOR PART 2) COUNTY June 21 OZ 82 and that in (n★) (our) apinion death occurred on the date and have and from the causes stated 22c. DATE SIGNED 6/21/82 PHYSICIAN DIRECTOR PHYSICIAN c/o Maryland General Hospital DHMH - 16 50M 1/BI (VRA 15, 4)

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE &

CERTIFICATE OF DEATH

20. DATE OF DEATH

26 HOUR

126 KIND OF BUSINESS OR

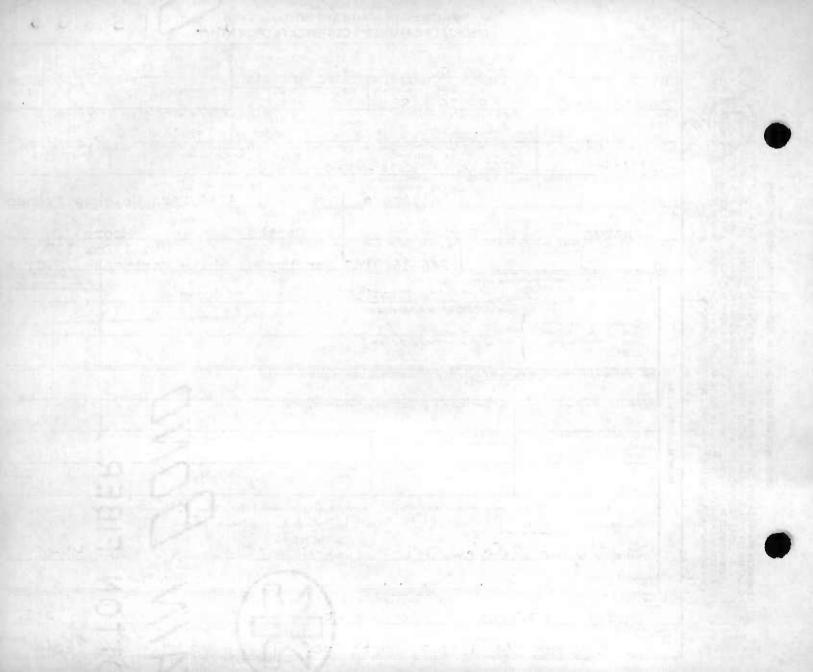
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DEPARTMENT OF HEALTH AND MENTAL HYGIENE FOR - STATE MEDICAL EXAMINER'S CERTIFICATE OF DEATH REGISTRAR REG. NO TO DATE KNOWNXX DECEASED NAME 2h HOUR (TYPE OR PRINT) OF ESTI-DEATH MATED 6 25 19 82 Martha Hawkins 4 RACE AGE (IN YEARS IF UNDER 1 YR. IF UNDER 24 HRS 11:30° DATE YEAR LAST BIRTHDAY) MONTHS PRONOUNCED 1982 DEAD 26 a. M Female Black 9 55 YRS Th. CITIZEN OF WHAT COUNTRY? 9 BALTIMORE CITY OR COUNTY OF DEATH 78 BIRTHPLACE (STATE MARRIED NEVER MARRIED FOREIGN COUNTRY! Baltimore City WIDOWED DIVORCED X N.C USA II. CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL NURSING HOME, OR OTHER INSTITUTION 12a USUAL OCCUPATION (TYPE OF WORK 126 KIND OF BUSINESS FOR MOST OF WORKING LIFE OR INDUSTRY ND 3 TO 1 RETAIN PAC OULD BE FILE ECORDS 4744 Park Heights Avenue Baltimore SUAL RESIDENCE (IF IN NURSING HOME OR OTHER INSTITUTION GIVE RESIDENCE BEFORE ADMISSION) 13e. STREET ADDRESS 13a STATE 13b. COUNTY 13c. CITY OR TOWN 134 INSIDE CITY LIMITS? MD Baltimore 4744 Park Heights Avenue YES. NO [14 FATHER'S NAME 15 MOTHER'S MAIDEN NAME MIDDLE MIDDLE LAST 1.A.S.1 FIRST Lazarus Parker Gertha Moore ALONG WITE.
T PERMIT, PAGES I 17 INFORMANT 60. WAS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SECURITY NO 1 Box 127 D (YES, NO. OR UNKNOWN) (IF YES GIVE WAR OR DATES) 246-36-0167 Dorothy M. White Carapeake, N.C. No 18 CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c).) BETWEEN ONSET AND DEATH HYGIENE, PART I DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Arteriosclerotic Cardiovascular Disease DUE TO, OR AS A CONSEQUENCE OF Conditions, if any, which BURIAL - TRANS gave rise to immediate cause (o) stoting the under-DUE TO, OR AS A CONSEQUENCE OF USED AS A BURIAL-FOF HEALTH AND MEI lying couse lost. PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH RUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 to CERTIFICATION 19a DATE OF OPERATION 196. CONDITION FOR WHICH OPERATION WAS PERFORMED? 20 AUTOPSY? TO BUTPI FORWARDED TO THE CH FOR: PAGE 3 SHOULD BE U THE STATE DEPARTMENT O AND, 21201 PRIOR TO BUS YES [NOXX 71a EXTERNAL CAUSE WAS 216 TIME OF INJURY 21¢ HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) HOUR A.M. MONTH DAY YEAR UNDERLYING OR MEDICAL CONTRIBUTING CAUSE OF DEATH P.M. 19 214 INJURY OCCURRED 21e PLACE OF INJURY (AT HOME. 211 LOCATION STREET, FACTORY, FARM, ETC 1 STREET CITY OF TOWN COUNTY STATE WHILE WHILE AT WORK TO MEDICAL EXAMINER: THE EXECUTE THE CERTIFICATE. Y PAGE 4 SHOULD BE FORW. TO FUNEAL DIRECTOR: PAFTER DEATH, WITH THE STAB BARTH/MORE, MARYLAND, 2 22a. I certify that I taak charge of the remains described above, held an Autopsy and in my opinion Inspection Natural couses XX death resulted from: Accident Undetermined manner TITLE (SPECIFY) 6-28-82 Assistant SIGNATURE MEDICAL EXAMINER EXAMINER'S NAME Virginia L. Dolan, M.D. III Penn Street (TYPE OR PRINT) ADDRESS 23d. LOCATION 230 BURIAL CREMATION REMOVAL 236 DATE 13r NAME OF CEMETERY OR CREMATORY COUNTY STATE N.C. Ahoskie Burial Family Plot 1256. REGISTRAR'S SIGNATURE 24 FUNERAL DIRECTOR 250. DATE REC'D. BY REGISTRAR **DHMH - 17** NAME 1101 E. North Ave. (VR A15 ME (51) March F/H

20M 4/82

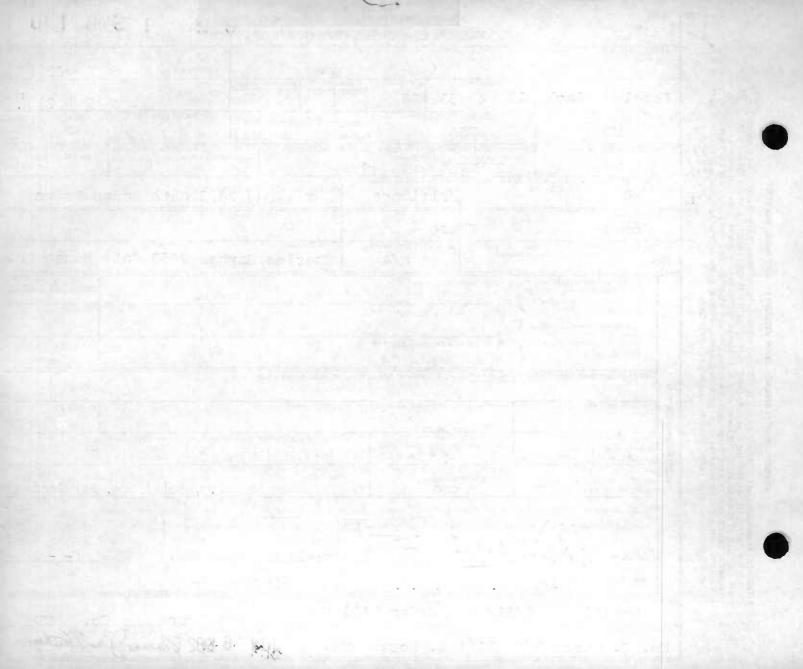


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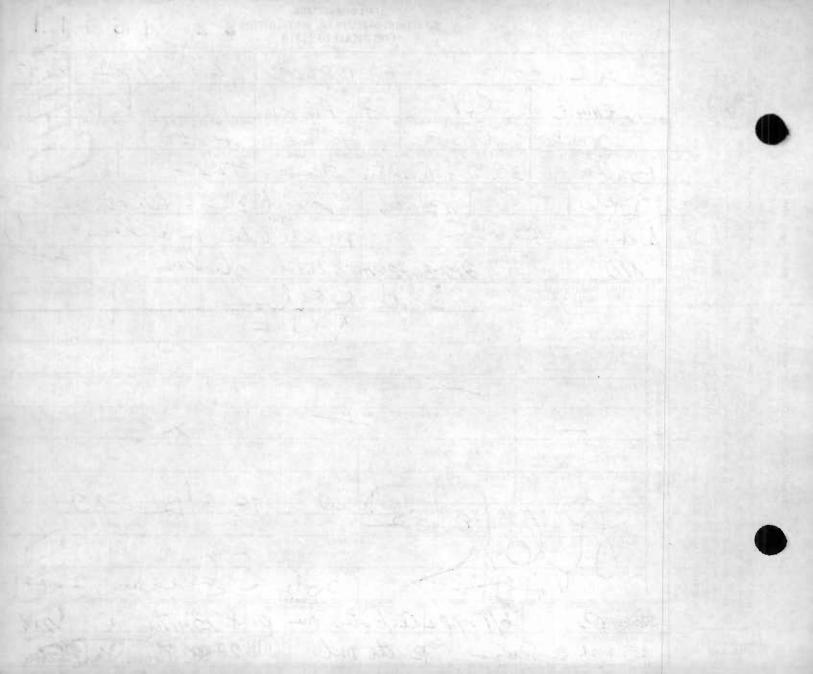
DEPARTMENT OF HEALTH AND MENTAL HYGIE REGISTRAR DATE KNOWN DECEASED NAME (TYPE OR PRINT) OF ESTI-N. Shari Haynes 5 82 19 4 RACE 6. AGE (IN YEARS IF UNDER 1 YR. 2d HOUR S. DATE OF BIRTH DATE 7:50 P.M 10 PRONOUNCED Black 53 Female DEAD 19 82 76 CITIZEN OF WHAT COUNTRY? BIRTHPLACE (STATE OR 9. BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED USA Baltimore City. WIDOWED DIVORCED 120 USUAL OCCUPATION (TYPE OF WORK 126 KIND OF BUSINESS 10. CITY OR TOWN OF DEATH II NAME OF HOSPITAL NURSING HOME, OR OTHER INSTITUTION 2853 Gatehouse Drive Baltimore ISUAL RESIDENCE (IF IN NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) SUAL NE 2853 Gate House Drive 113b. COUNTY 13d. INSIDE CITY LIMITS? YES NO 14. FATHER'S NAME 15 MOTHER'S MAIDEN NAME MIDDLE LAST George Chase 166 SOCIAL SECURITY NO 17. INFORMANT ADDRESS 160. WAS DECEASED EVER IN U.S. ARMED FORCES? Charles Haynes 2853 Gate House Dr. LYES, NO, OR UNKNOWN) N/A No 18 CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) BETWEEN ONSET AND DEATH PART I DEATH WAS CAUSED BY Gunshot Wound of Head (handgun) ORWARDED TO THE CHIEF MEDICAL EXAMINER ALE PRE PACES 3 SHOULD BE USED AS A BURNA. TRANSIT PR THE STATE DEPARTMENT OF HEALTH AND MENTAL HYD UP. 21201 PRIOR TO BURNAL, CREMATION OR REMOV DUE TO, OR AS A CONSEQUENCE OF Canditians, if any, which gave rise to immediate cause (a) stating the under-DUE TO, OR AS A CONSEQUENCE OF lying cause last. PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (a) CERTIFICATION 190 DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED? 20 AUTOPSY? 21g. EXTERNAL CAUSE WAS 21b. TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) HOUR A.M. MONTH DAY YEAR UNDERLYING OR MEDICAL CONTRIBUTING CAUSE OF DEATH 6 1982 subject shot herself 211. LOCATION 21e PLACE OF INJURY (AT HOME. TO MEDICAL EXAMINER: THIS CER EXECUTE THE CERTIFICATE, WRITIN PAGE 4 SHOULD BE FORWARDED TO FUNERAL DIBECTOR: PAGE 3.8 AFTER DEATH, WITH THE STATE DEP BALTIMORE, MARYLAND, 21201 PR WHILE NOT WHILE STREET, FACTORY, FARM, ETC.) 2853 Gatehouse Drive, Baltimore, Maryland Home Inspection XX 220. I certify that I took charge of the remains described above, held an and in my apinian Suicide XX Hamicide Undetermined manner TITLE (SPECIFY) ACTUAL Assistant MEDICAL EXAMINER 6-6-82 SIGNATURE EXAMINER'S NAME III Penn Street Hormez R. Guard. M.D. 23c. NAME OF CEMETERY OR CREMATORY Cedar Hill Cem. 23d LOCATION 230 BURIAL, CREMATION, REMOVAL 236, DATE STATE SPECIFYBurial 6/11/82 Baltimore 24. FUNERAL DIRECTOR **DHMH - 17** 1101 E. North Ave. Wm. C. March F/H (VR A15 ME (5))

20M 4/B2

STATE OF MARYLAND



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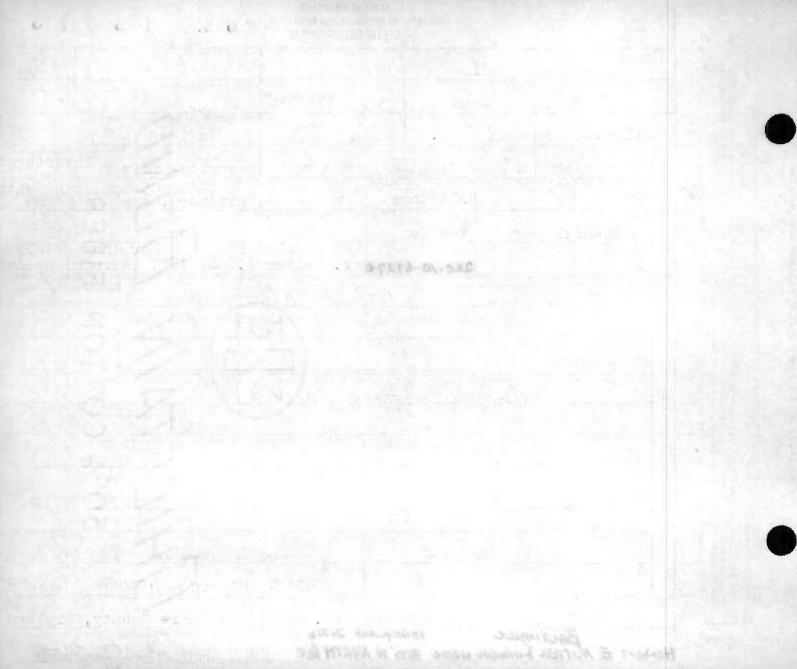
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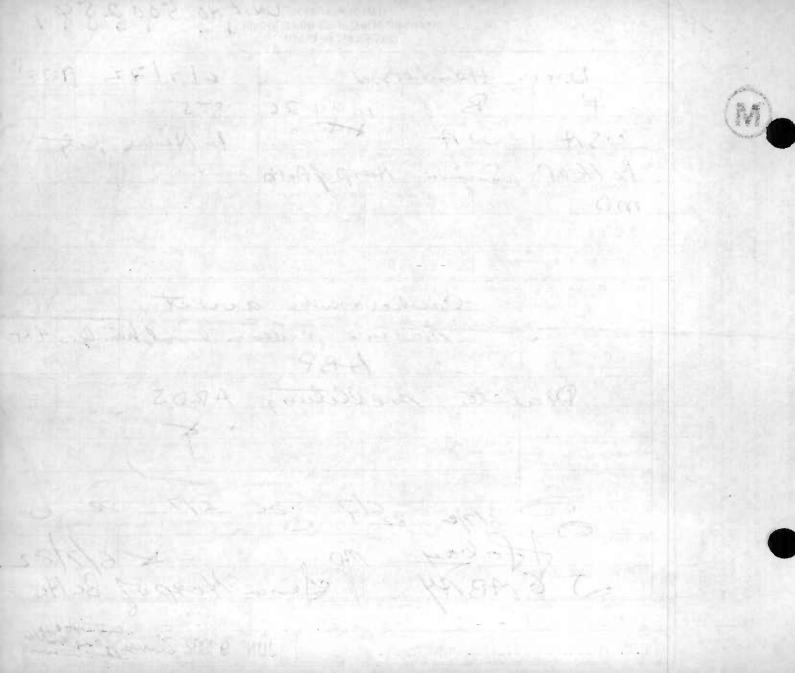
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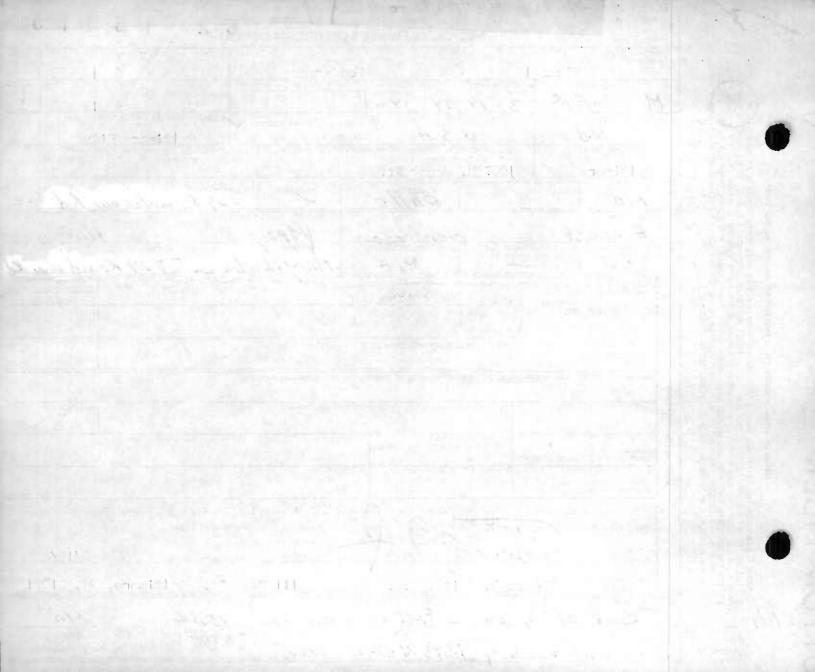
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STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE STATE CERTIFICATE OF DEATH REGISTRAR REG. NO 1. DECEASED NAME 2ª DATE OF DEATH 26 HOUR (TYPE OR PRINT) Adler Son 3. SEX 4 RACE 5 DATE OF BIRTH & AGE LIN YEARS LAST BIRTHDAY) IF UNDER 1 YEAR IF UNDER 24 HRS 1915 To. BIRTHPLACE | STATE OR FOREIGN BALTIMORE CITY OR COUNTY OF DEATH 76. CITIZEN OF WHAT COUNTRY? MARRIED NEVER MARRIED Maryland Saltimore WIDOWED DIVORCED [10 CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL NURSING HOME OR OTHER INSTITUTION 126 KIND OF BUSINESSOR TYPE OF WORK FOR MOST OF WORKING LIFE) Security-Officer 13e STREET ADDRESS 2005 Forest Heights 1136. COUNTY 13c. CITY OR TOWN Maryland Baltimore Baltimore.Maryland 14. FATHER'S NAME 15. MOTHER'S MAIDEN NAME MIDDLE Adler Nathaniel Vaughan Neal Green 17 INFORMANTBaltimore ADDRESS Maryland 16g. WAS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SECURITY NO IYES, NO OR UNKNOWN) HE YES, GIVE WAR OR DATEST Mr. Walter A. Day 1527 Sherwood 220-10-6927 18 CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c) PART I. DEATH WAS CAUSED BY 2 months DUE TO OR AS A CONSEQUENCE OF Conditions, if ony, which gove rise to immediate couse (o), stoting the DUE TO, OR AS A CONSEQUENCE OF underlying cause lost PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110 190 DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED 20g. AUTOPSY? 20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? NON NO T 21b. TIME OF INJURY 21a. ACCIDENT WAS UNDERLYING 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) 00 HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING | CAUSE OF DEATH (IF EITHER NOTIFY MEDICAL EXAMINER) P.M 19 21d. INJURY OCCURRED 21e PLACE OF INJURY 21f LOCATION STREET CITY OR TOWN COUNTY STATE (AT HOME, STREET, FACTORY, OFFICE FARM, ETC.) NOT WHILE 220.1 certify that (1) (this haspital) attended the deceased from, sow the deceased alive on June Lobove, (1) (we) (did) (did not) view the body after death. 19 82 and that in (my) for apinion death occurred on the date and hour and from the causes stated 22b. SIGNATURE DEGREE 22c. DATE SIGNED ATTENDING MEDICAL PHYSICIAN DIRECTOR PHYSICIAN MPORTANT FUNER 224 PHYSICIAN'S SLAME THE GRANN 22e ADDRESS should be 0 23a BURIAL, CREMATION, REMOVAL 236. DATE 23d. LOCATION 23c. NAME OF CEMETERY OR CREMATORY Baltimore Arbutus Mem. Park Buria 25e. DATE REC'D. BY REGISTRAR 25b. REGISTRAR'S DHMH-16 30M 2/80 (VRA 15, 4) NUTTER LYNERAL HOME 3035 W. NORTH 1

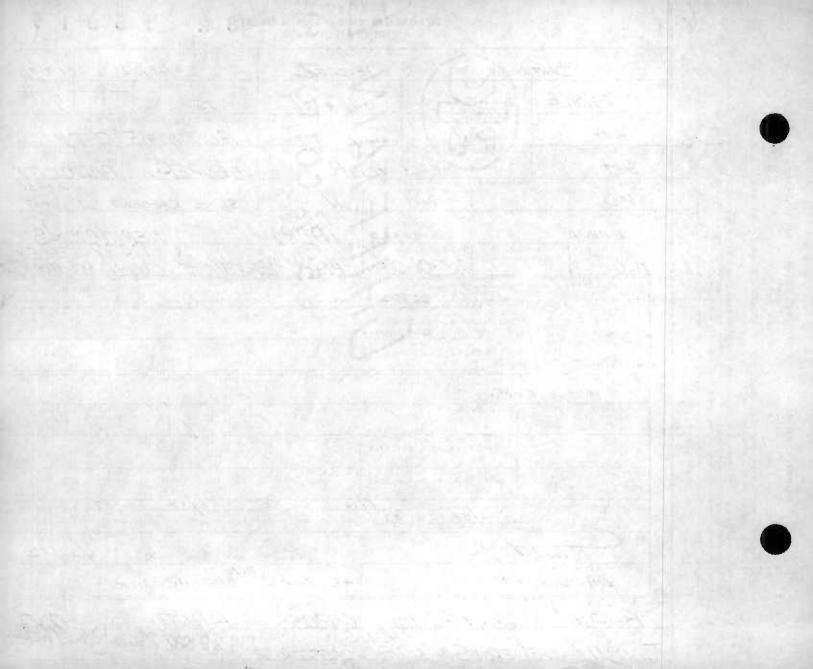




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SEA SEA	1	1	(IF NOT IN SUCH F	ACILITY, GIVE STREET ADDR	ESS)	HER INSTITUTION	12a USUAL OCCUPATION FOR MOST OF WORKING I	IFE)	OR INDUST	RY
3 TOPE	USU	Baltimore AL RESIDENCE (IF IN NURSING YOME C	1007 N		MISSION)					
BALTIMORE, MD. 21201 S. AFTER DEATH. IF ANY DE GIVE PAGES 1, 2, AND 31; ITH FORM PM 3. RETAIN PAGES 1 AND 2 SHOULD B IVISION OF VITAIURECORD)3a S	TATE Md 136 COUN	TY	Ba /	20	13d INSIDE CITY LIMITS?	13. STREET ADDOCTOR	Drein	Aver	rue
E, MD.	14. F	ATHER'S NAME	MIDDLE	/ LAST,	100	15. MOTHER'S MAIL	DEN NAME MIDDLE		LAST	
TIMORE, N TER DEATH FE PAGES 1, FEST AND FEST AN	160.3	E RNEST WAS DECEASED EVER IN U.S. AR	HED FORCESS	Hender	Son	17 INFORMANT	y	DRESS	Han	
JRS AFTER S. GIVE PA WITH FOR WITH FOR DIVISION	(WAR OR DATES)	N)	Δ	Tielia			rem. F	2
URS A WITH WITH PACE	H	18. CAUSE OF DEATH (Enter on	ly one couse per lin	(as (a) (b) and (s)	77	- alia	rechles x	300 0	APPROXIMAT	E INTERVAL
ON ST. 24 HOU ITEM 18 IONG V PERMIT SIENE,		PARTIDEATH WAS CAUSE	D BY: TE CAUSE (a)	Narcoti					BETWEEN ONS	T AND DEATH
		3049 MMEDIA		R AS A CONSEQUEN	ICE OF					
V. PRES' WITHIN NCIL IN NCIL IN NCIL IN NINER A NTAL HY VITAL HY		Canditians, if any, which gave rise to immediate	(b)						1 2 2	
201 W. PRE UTED WITH IN PENCIL I IAL - TRANSPER A MENTAL P ON, OR REA		cause (a) stating the <u>under</u> - lying cause last.	DUE TO, OF	R AS A CONSEQUEN	ICE OF			777		
			(c)							
DIVISION OF VITAL RECORDS, 201 W S CERTIFICATE SHOULD BE EXECUTED V RITING THE WORD "PENDING" IN PER ROED TO THE CHIEF MEDICAL EXAM REA SHOULD BE USED ASA BURIAL-TI EDEPRINENT OF HEALTH AND MEN ROI PRIOR TO BURIAL, CREMATION, OI	Z	PART 2 OTHER SIGNIFICANT CONDITIONS	CONTRIBUTING TO DEATH	BUT NOT RELATED TO THE	TERMINAL OISEA	SE OR CONDITION GIVEN IN P	ART 1 fol			
PEN PEN PEN PEN PEN PEN PEN PEN PEN PEN	CERTIFICATION	190. DATE OF OPERATION	196 COND	ITION FOR WHICH O	PERATION V	VAS PERFORMED?			20 AUTOPSY	?
F VITAL RE TE SHOULD WORD "PE HE CHIEF A BE USED, ENT OF HE O BURIAL, O	TIFIC								YES T	NO 🗆
OF V F W C E		710. EXTERNAL CAUSE WAS	216 TIME O	FINJURY A. MONTH DAY	ZIc. H	OW INJURY OCCURR	ED CENTER NATURE OF INJURY IN	ITEM 18 PART 1 OR PAI		
IVISION OF CERTIFICATE TING THE W DED TO THE 23 SHOULD FO DEPARTMEN I PRIOR TO	MEDICAL	UNDERLYING OR CONTRIBUTING CAUSE OF	DEATH P.A	۸. ۲۹						
DIVISION OF VITAL R HER: THIS CERTIFICATE SHOUL CATE, WRITING THE WORD "P FORWARDED TO THE CHIEF, OR: PAGE 3 SHOULD BE USED THE STATE DEPARTMENT OF HE ND, 21201 PRIOR TO BURIAL,	MED	21d. INJURY OCCURRED WHILE NOT WHILE AT WORK		OF INJURY (AT HON TORY, FARM, ETC.)		OCATION STREET	CITY OR TOWN	, cou	INIA	STATE
ISASE.		AT WORK AT WORK								
A PERSONAL PROPERTY OF THE STATE OF THE STAT		220. I certify that I taak charg	e of the remains de	scribed obove, held :	an Autor	sy K. Inspection	an 🔲 , linquiry 🔲 ,	and in my ap	inion	
AAMI STIFFI STIF		death resulted fram: Datus	ol carges LXI,	1917	Special	Hamicide	Undetermined manner	L.,		
E EXAM E CERTI OULD E H, WITH MARY		ACTUAL SIGNATURE	LIOWA	W Mu	a	A.D. Deputy		DATE	6/19/	82
SEAT SET TO			-	0	1	л.о. <u>Бериту</u>	MEDICAL EXAMINER	SIGNE	D_0/19/	32
TO MEDICAL EXAMINER: TI EXECUTE THE CERTIFICATE, PAGE 4 SHOULD BE FORW TO FUNERAL DIRECTOR: PA AFTER DEATH, WITH THE SIX BALTIMORE, MARYLAND, 2				Smith, M.D			Penn St., Ba	Itimore,	Md. 21	201
120 UBP	23a.B	URIAL, CREMATION, REMOVAL 2	6/25/8		CFMETERY C	Men Pr	23d LOCATION CITY OR TOWN	COUN	11-1	ATE
19 7 DHMH - 1,52	24. F	UNERAL DIRECTOR	ADDOES		0.00	250. DATE		REGISTRANSS	IGNATURE	
(VR A15 ME (5))	W	Im. C. March	~ F/H	1101 E	. Nov	th Abe	4 1982	sinces }	an/last	April
20M 4/82								-		



6	FOR	DEPA	STATE OF MARYLAND RTMENT OF HEALTH AND MENTAL HY	GIENE R 9	5019
	- STATE REGISTRAR		CERTIFICATE OF DEATH	REG. NO.	
	1. DECEASED NAME FIRST	WIDDLE	LAST	20 DATE OF DEATH MONTH	DAY YEAR 26 HOUR
may be poge 3		THY	HENDRICKS	6/28/8	82 67/5 AM
ge 4 ma sctor. po	3. SEX FEMALE	4. RACE	S. DATE OF BIRTH MONTH DAY 12/04/06	6 AGE (IN YEARS LAST BIRTHDAY) 75 YRS	IF UNDER LYEAR OF UNDER 74 HRS
Poor din Poor	TO BIRTHPLACE (STATE OR FOREIGN COUNTRY) BOILT.	76. CITIZEN OF WHAT COUNTI		9 BALTIMORE CITY OR COUNT	
oy there de	BOY +	11. NAME OF HOSPITAL, NUR (IF NOT IN SUCH FACILITY, GIVE STI	RSING HOME OR OTHER INSTITUTION	12a USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WARKING)	175 KIND OF BUSINESS OR
24 hours	USUAL RESIDENCE (IF NURSING HOM 130 STATE 136 CC	OR OTHER INSTITUTION GIVE RESIDENCE BE	FORE ADMISSION) OWN 13d INSIDE CITY LIMITS?	13e STREET ADDRESS 636 E. CHEME	21230
MARYLA within ampletely good 2 sh	14 FATHER'S NAME FIRST AUTHUR	MIDDLE LAST	DRICKS MATHER'S MAIDEN N		manin De
MORE, A condition on dicord con medical e	160 WAS DECEASED EVER IN U.S.			En Mouches Chi	1038 WESLEY
NDS, 201 W. PRESTON ST., BAL. equires that the death certificate signed by the attending physicic Then please remove carban paper to burial, cremation, ar removal njury, or ather traumatic event, the	PART I DEATH WAS CAI 1860 IMMED Conditions, if ony, which gove rise to immediate couse 101, stating the underlying couse last PART 2 OTHER SIGNIFICAN	DUE TO, OR AS A CONSE	EPSIS QUENCE OF MEANINA	MINAL DISEASE OR CONDITION GI	APPROXIMATE INTERVAL BET WEET QNISET AND TRATH VEN IN PART To
AL RECORDS, the low require on sign to permit. Then there prior to be on sign to permit.	NOTE OF OPERATION 190 DATE OF OPERATION 210. ACCIDENT WAS UNDERLYING	196 CONDITION FOR WH	ICH OPERATION WAS PERFORMED	INCERT	ES, WERE FINDINGS USED IFYING CAUSES OF DEATH? (ES \(\bigcap \) NO \(\bigcap \)
ON OF VITAL HYSICIAN: The duing physicion is certificate h buriol-transit p Mental Hygier Mental Byger	21a, ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF IF ETTHER, NOTIFY MEDICAL EXAM 21d. INJURY OCCURRED	DEATH HOUR A.M. MONTH	DAY YEAR 19 211 LOCATION	RRED (ENTER NATURE OF INJURY IN ITEM TB	PART I OR PART ?)
DIVISION DING PHYSI or othending After this ce e as the burn oith and Mee	AT WORK AT WORK	(AT HOME STREET, FACTORY OFFI	CE FARM, ETC) STREET	CITY OR TOWN	COUNTY STATE
OR ATTENIOR has been as the population of the control of the contr	saw the deceased alive	spital) ottended the deceosed fro		n death occurred on the date and ha	224. DATE SIGNED
O HOSPITAL TO FUNERAL should be det with the Store	22d. PHYSICIAN'S NAME ITY DAVID	L. YIM	PHYSICIAN	DIRECTOR PHYSICIAN X #610 7. BANT. MD 21.	218
240 DAP DHMH-16 50M 1/B1 (VRA 15, 4)	230 BURIAL, CREMATION, REMOVISPECTOR	AL 23b DATE 2 6-29-82	NAME OF CEMETERY OF CREMATORY HOLV CROSS 250 DA	ATE REC'D, BY REALISTRAPIAN REALIST	TRAP'S VOMELINE PARTY
(10010, 1)	John II/ W	EDER KSORK	INC CHESTER	0011 2 0 100C 0100	4



3	FOR STATE			DEPART	TMENT OF H	E OF MARYLAND LEALTH AND MENT		8 2	1 5	0	20
	REGISTRA		beath.			ICATE OF DEAT		REG. N			
e 64	1 DECEASED NA (TYPE OR PRINT)	ME FIRST		MIDDLE	ı	AST	20. [DATE OF DEATH	MONTH DAY	YEAR	26. HOUR
oy be		MAU	RICE			DRICKS		JUNE 25	1982		08:00A
ge 4 mc	3. SEX Male		White	Э	5. DATE C		6 A	GE (IN YEARS LAST B	ATHDAY) IF L	INDER I YEAR	HOURS MIN.
oth. Po	Maryla:			WHAT COUNTRY	2 8	D NEVER MARRI	IED LA	BALTIMO			440
d with the day	10 CITY OR TOW	N OF DEATH	(IF NOT IN SU	CH FACILITY, GIVE STREE	ING HOME C	OR OTHER INSTITUTI	ION 12a	USUAL OCCUPATE OF WORK FOR MOST	ION		BUSINESS OR
E A 2 A	BALTIMO		THE JO	HNS HOP	KINS	HOSPITA	L Ma	.nager		Theat	re
BALTIMORE, MARYLAND 2120 DR DOLLAN OF T core be executed within 24 hours at 1 S OFFICE ysticon and completely filled in by opers. Pages and 2 showld be the ovel. 11, the medicolexalmine	130. STATE	13b CC	E OR OTHER INSTITUTION DUNTY	1. GIVE RESIDENCE BEFO 113c. CITY OR TOV Baltimo	WN	13d INSIDE CITY LIV YES 🔀 NO		STREET ADDRESS			201)
RYL OHIO	14 FATHER'S NAM		WIDDLE	TAST		15. MOTHER'S MAIL	DEN NAME	MIDDLE		LAST	
MAR FILL	Miles		C.	Hendri	lcks	Grace		E.			nes
VORE, MARY DOLAN CRECUTED WITH OFFIC OFFIC OPFICES AND COMPLETE CO	160 WAS DECEAS	SED EVER IN U.S.	ARMED FORCES?	16b. SOCIAL SEC	URITY NO.	17 INFORMANT		ADDR	ESS (21122)	1100
D O O O O O O O O O O O O O O O O O O O	No	NOWN) (IF TES.	GIVE WAR ON DATES	216-01-3	3562	Mr. and	Mrs. H	enry Rea		/	leck Rd.
DR DR cote b residue by residue b	18 CAUSE	OF DEATH (Enter	only one cause pe JSED BY:	r line for (a), (b), a	ind (c).)			, , , , ,			NATE INTERVAL
Y Z Z Z Z Z Z Z Z Z Z Z Z Z Z Z Z Z Z Z	PART I.		JSED BY: HATE CAUSE (o)	MYDCO	xQi	Pai Os	archi	ar			
BY BY Cer NE Cor	41	m		R AS A CONSEQU	HENCE OF						
D deotl MI otten	Condition	s, if any, which	(b)	estera	ine	cordia	vasc	elar	Heros	erosis	
ME I WE I THE CAN THE CHARACTER OF THE C	gove rise	to immediate	DUETO	R AS A CONSEOL	JENCE OF						T-1-1
M Hoat By By By By By By By By By By By By By	underlying		(6)	K AS A CONSECT	DEIACE OF						
RECORDS, 201 W. PRESTON AS NON MED B' LCAL EXAMINI so been signed by the ottendin ermit. Then please remove corb e prior to burial, cremotion, or a		HER SIGNIFICAN	TEONDITIONS C	ONTRIBUTING TO	DEATH BUT	NOT RELATED TO THE	HE TERMINAL	DISEASE OR COM	IDITION GIVEN	IN PART 110	
N N Signal Signa	19a DATE O	Hu	Iti-i	alarct	Q	ame to	0				
Prior prior	S 19a DATE O	F OPERATION	19b. COND	ITION FOR WHIC	H OPERATIO	N WAS PERFORMED	20	a AUTOPSY?	20b. IF YES, W	ERE FINDING	GS USED
	E N	one					Y	ES NO	YES		NO [
SED ZICIANI The Principle of MED Indiani the Indiani of	21a. ACCIDE	NT WAS UNDERLYING	110110		DAY YEAR	21c. HOW INJURY	OCCURRED (ENTER NATURE OF INJ	JRY IN ITEM 18 PART	1 OR PART 2)	
SICIAN: ng phy certifical certifical mental Hyan ltem 18:	OR CONTRIB	JTING CAUSE OF	DEATH	.M.	19						
STEAS NG PHYSI NG PHYSI (fer this ca os the buri th and Mer	(IF EITHER N	OCCURRED		OF INJURY REET, FACTORY, OFFICE	EADM ETC.	211. LOCATION STREET		CITY OR T	OWN	COUNTY	STATE
IVIS JG P JG P orte s the hone	WHILE AT WORK	NOT WHILE AT WORK	(AT HOME, SI	REET, FACTORY, OFFICE	, PARM, EIC)	Jugar					
ADIN ADIN OF A SE A SE A SE A SE A SE A SE A SE A S	22a I certif	y that (1) (this ha	spital) attended t	ne deceased from		. 19.	82	10 6/2	5 19.	82.1	hot (I) (we) lost
TITEP Pritol for it	sow ti	edecented glive	not) view the bady		82/,00	nd that in (my) (our)	opinion death	occurred on the c	ate and hour an	d from the c	ouses stated
OR A DIRECTOR A DIRECTOR DIRECTOR DEPT.	226. SIGNA		Ø 01	1		DEGREE	UE P	100	V S STORY	72L DATES	IGNED,
The state of the Trill T	1//	sel C	10	celos	M	ATTEN PHYSI		ECTOR PHYSI		6/2	5/82
HOSPITAL ned by the FUNERAL old be detrothe State ORTANT:	224 PHYSIC	JAN'S NAME IT	FE CH FRACTY	/		22e ADDRESS		4		1	1
TO HOSPITAL retoined by the TO FUNERAL should be deto with the State IMPORTANT: II	N	001	E. Ta	yor t	10	Johns	HOPK	ins It	usalt	2	
Shoot Shoot		MATION, REMOV			NAME OF C	EMETERY OR CREMA	ATORY 2:	d. LOCATION	1 15		
10 # BP	Crematio		6/28/8			ew_Cemeter		Baltimo		YTAUO	d.
DHMH-16 30M 2/80	24 FUNERAL DIR	ECTOR Dal	LO., MIL.		COLYTE	Cellie ce	250 DATE REC	D. BY REGISTRA	256. REGISTRAS	S SIGNATE	IRE
(VRA 15, 4)	Gonce 1	F.H. 400:	1 Ritchie	Hgwy DRESS		1	haana .	2.9 1082	Princes	Jan 1	arthen

6 F-10-1 7-21restricted by the second of th Ton dieth Mil . " tores FOR STATE

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE 8

1	REGISTRAR			CERTIF	CATE OF DEATH	REG. NO.			
	ECEASED NAME	FIRST	MIDDLE	L	AST		ONTH DAY	Y YEAR	26 HOUR
[TYF	PE OR PRINT)	John	Joseph	Her	nessy, Jr.	June	e 19,	1982	2:00P M
3.58	EN.	4 RACE		5. DATE O		6. AGE (IN YEARS LAST BIRTHD	AY] IF	UNDER I YEAR	IF UNDER 24 HRS.
	Male	1./h	ite	MONTH	8, 1918 YEAR	64	MO	NIHS DAYS	HOURS MIN.
76. 8	BIRTHPLACE I STATE OF		N OF WHAT COUNTRY?	0		9 BALTIMORE CITY OR O	YRS.	EDEATH	
1	laryland		S.A.	MARRIED	NEVER MARRIED	Baltimore (, DEATH	
of the same in case of the	ITY OR TOWN OF DE		E OF HOSPITAL, NURSIN	WIDOWE		12ª USUAL OCCUPATION		12h KIND O	F BUSINESS OR
5	Baltimore	(IF NOT	who such facility, give street	al Hos		Supervisor	ORKING LIFE)	INDUSTRY	rn Elect
130	JAL RESIDENCE (IF NUR STATE	NU COUNTY	TUTION, GIVE RESIDENCE BEFORE		13d INSIDE CITY LIMITS?	13e STREET ADDRESS			
D M	arvland	Balto.	Cockeys		YES NOX	415 Wake Rol	hin Dr	rive	
	ATHER'S NAME		1 00 onoys		15. MOTHER'S MAIDEN NA		2111 01	1 40	
20	FIRST	MIDDLE	LAST	C	FIRST	MIDDLE	:-	1AS	7
H	John WAS DECEASED EVER	Joseph R IN U.S. ARMED FORCE	Hennessy	Sr.	Elizabe			Wehne	
	(YES NO OR UNKNOWN)	(IF YES, GIVE WAR OR DA	2001			41.5	Cock	eysvil	le, Md.
_	Yes	WW II	217-05-	-1294	Mary D. He	nnessy 415 V	vake	Robin	Drive
	18 CAUSE OF DEA	TH (Enter only one cau	se per line far (a), (b), an	d (c))				APPROXI BETWEEN	MATE INTERVAL
	PART I. DEATH V	WAS CAUSED BY	Carcino	ma of	Amoulla of V	ater		1	
	1562								
	Conditions, if ony		ro, or as a consequence Renal Fa					2 we	eke
	gove rise to im	mediate	(b) Remar 1 a	· · · · ·				2 110	<u> </u>
	couse (a), stati		O, OR AS A CONSEQUE						
			o Septicem					2 wee	
17	PART 2 OTHER SIG	NIFICANT CONDITIO	NS CONTRIBUTING TO	DEATH BUT	NOT RELATED TO THE TERM	INAL DISEASE OR CONDIT	ION GIVEN	IN PART TO	3.
Ö	Respira	tory Failu	re						
CERTIFICATION	190671 5 82RA	ATION 196	ondition for which espiratory	OPERATION	WAS PERFORMED			WERE FINDIN	
E	6/16/82				ominal Hemato		YES	NG CAUSES	NO [
7 8	210. ACCIDENT WAS UN	IDERLYING 216, T	ME OF INJURY		21c. HOW INJURY OCCUR	RED (ENTER NATURE OF INJURY II		T I OR PART 2(
/	OR CONTRIBUTING	CAUSE OF DEATH	IR A.M. MONTH D.						
13	21d INJURY OCCUR		P.M.	19	AV . OCATION				
MEDICAL		(AT HO	ACE OF INJURY ME STREET, FACTORY, OFFICE, F	ARM ETC)	21f LOCATION STREET	CITY OR TOWN		COUNTY	STATE
1	WORK NOT W	ORK LJ							
			ed the deceased fram_		19 82		19	82	that 💥 (we) last
1	sow the deceo	sed alive onune (did) (why now view the	1919	82 on	d that in (n)() (our) opinion	death occurred on the date	and hour o	nd from the	couses stated
	226 SIONATURE	A view me	A		DEGREE			122c. DA1E	SIGNED
1	mush	E Panis	l l	MO	ATTENDING	MEDICAL STAFF	1774	6/19	
7	22d PHYSICIAN'S N	IAME HAVE CORNEL		-	PHYSICIAN [DIRECTOR PHYSICIAL	4 K X	10/19	702
			и в		22e ADDRESS				
	Joseph E	. Piszczek	, M.D.		c/o Marylan	d General Hps	spita		

DHMH - 16 50M 1/B1 (VRA 15, 4)

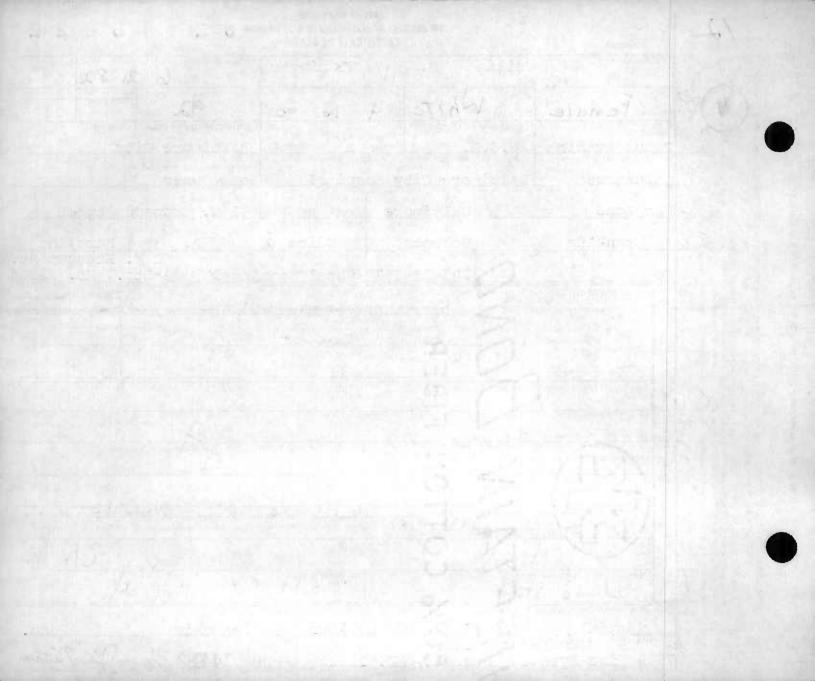
23a. BURIAL, CREMATION, REMOVAL Cremation 6/21/1982 23c NAME OF CEMETERY OR CREMATORY

Westview Crematory Catons ville Balto. Maryland Padonia Rd. 28 1982 10 W.

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of Frank Leading	faireant fairned unatural enoutstal
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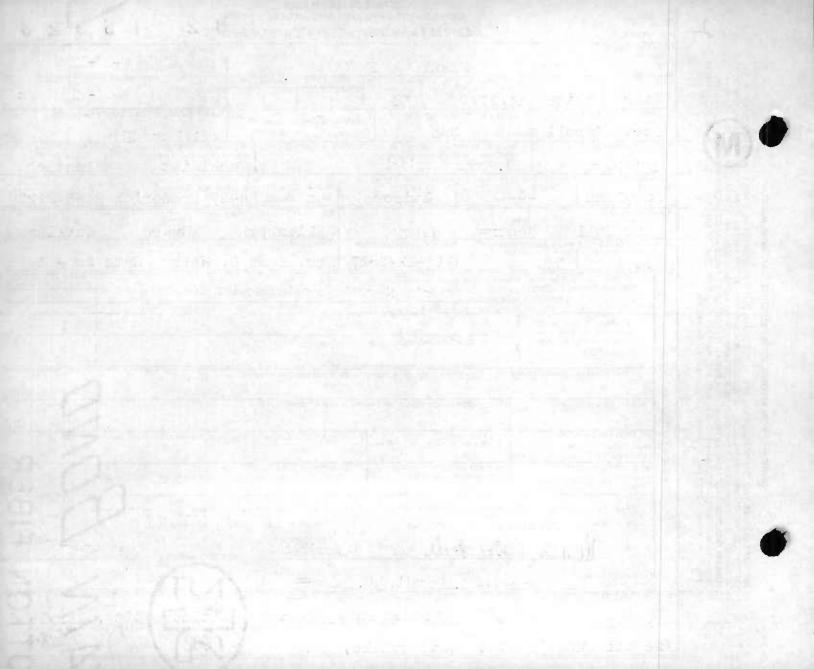
-	FOR STATE REGISTRAR			DEPARTA	MENT OF H	E OF MARYLAN IEALTH AND ME ICATE OF DE	NTAL HYG	IENE 8	2	1 5	5 0	2 2
-	1 DECEASED NAME	Milk.	Nellie	M.	Hen	Henni	nger	20 DATE OF D	REG. NO.	onth DAY	YEAR 82	26 HOUR 30
	3. SEX Fe	nale	4 RACE	Shite	S. DATE (OF BIRTHU	YEAR 90	6. AGE (IN YEA	RS LAST BIRTH	DAY) IF U	NDER 1 YEAR	HOURS MIN.
35	O. BIRTHPLACE (S		U.S.A	WHAT COUNTRY?	8 MARRIE WIDOWE	D NEVER MA	RRIED .	Baltimori		COUNTY OF		W
3/	Baltimon		(IF NOT IN SUC	HOSPITAL, NURSIN H FACILITY, GIVE STREET NOTE Cit	ADDRESS)		UTION	120 USUAL OC ITYPE OF WORK FO Home (CUPATIO OR MOST OF V	N WORKING LIFE)		BUSINESS OR
35	USUAL RESIDENCE 130 STATE Maryland	136 COUN	OTHER INSTITUTION	GIVE RESIDENCE BEFORE 134. CITY OR TOW Baltimo	ADMISSION)	136 INSIDE CITY	10 🗌	13e. STREET AC	DRESS	esson	Stre	et
800	Frank	lin	MIDDLE	Scheetz		Udi	ca		A.		Hart	
/	160 WAS DECEASED (YES, NO OR UNKNO		MED FORCES? E WAR OR DATES)	205-12-		Hazel		inger		ll N. Balto.	, MD	son St. 2122
	underlying		(c) ONDITIONS <u>CC</u>	ONTRIBUTING TO D	DEATH BUT			INAL DISEASE (TION GIVEN		GS LISED
2	STI STI	WAS UNDERLYING	1 21b. TIME O	F IN JURY		121r HOW IN III	RY OCCUPE	YES 1	6	IN CERTIFYIN YES	G CAUSES (OF DEATH?
9	OR CONTRIBUTION	IG CAUSE OF DEA	TH HOUR A./	M, MONTH DA	YEAR 19			(ENTERNATO	KE OF INJUST	IN IIEM IS PART	ORPART 2)	
	<u>w</u>	NOT WHILE AT WORK	21e PLACE (DE INJURY EET FACTORY, OFFICE, F	ARM ETC)	21f LOCATION			CITY OR TOW	v .	COUNTY	STATE
	saw the o	hat (I) (this hospit deceased alive an (we) (did) (did not	(0/2/10		nd that in (my) (o	ur) opinion o	deoth occurred	an the date	and hour on	d from the c	
-	226 PHYSICIA	N'S MANA (TYPE OF	All				ENDING YSICIAN	MEDICAL DIRECTOR	STAFF PHYSICIA	MEX (224 DATE	31 PC
1	LU	8 Ph.0	tall			R	alt	City	Ho	16-191	X	
	230 BURIAL, CREMA (SPECIFY) Buri 24 FUNERAL DIRECT	al	6/24/	43 100		emetery or cri		23d LOCATI	kin		OUNTY 'S.SIGNATU	Penn.
	7922 Wis	Duda			MD.	21222	1	[[1 24	1982	Zames	Van	Warthen

BHMH - 16 SOM 1/81 (VRA 15, 4)

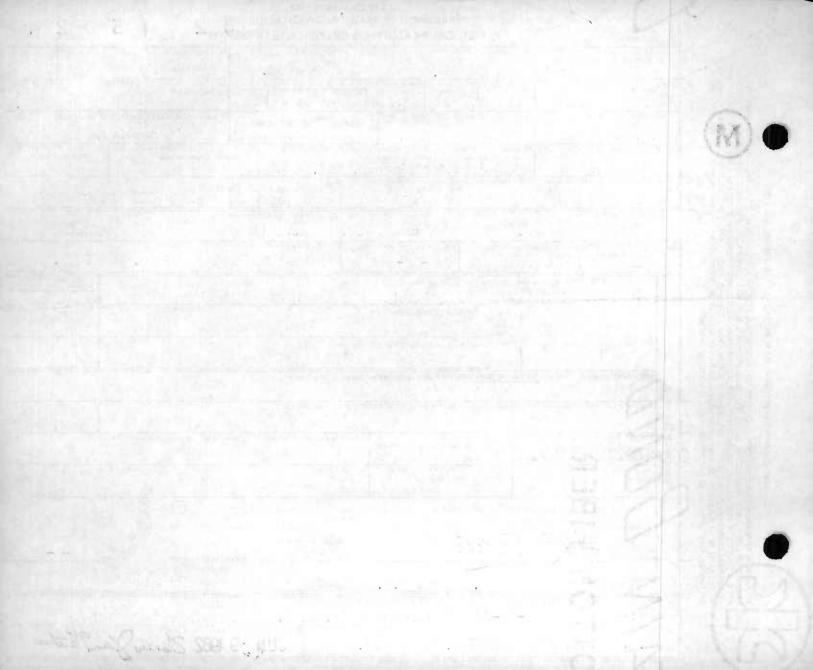


DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE MEDICAL EXAMINER'S CERTIFICATE REGISTRAR FIRST DECEASED NAME KNOWN 26 HOUR (TYPE OR PRINT) OF ESTI-6-24-82 PERRY HENRY MARVIN 4 RACE 5. DATE OF BIRTH & AGE (IN YEARS IF UNDER 1 YR. IF UNDER 24 HRS 2d- HOUR DATE LAST BIRTHDAY PRONOUNCED 10:10 Male White DEAD To BIRTHPLACE (STATE OR 76 CITIZEN OF WHAT COUNTRY? 9. BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED North Carolina USA DIVORCED WIDOWED Baltimore City ID CITY OF TOWN OF DEATH 11. NAME OF HOSPITAL, NURSING HOME, OR OTHER INSTITUTION 126 KIND OF BUSINESS FOR MOST OF WORKING LIFE)
Machinist St. Agnes Hospital Baltimore Plastics USUAL RESIDENCE HE IN NURSING HOME OF OTHER INSTITUTION. 130. STATE 13b COUNTY 13c. CITY OR TOWN 13d. INSIDE CITY LIMITS? 13g STREET ADDRESS Maryland Baltimore Frederick Road 21229 NO [] 14. FATHER'S NAME IS MOTHER'S MAIDEN NAME FIRST LAST MIDDLE Elizabeth Marshal Gentry Watkins Henry Edward 16a WAS DECEASED EVER IN U.S. ARMED FORCES? 7 INFORMANI 166 SOCIAL SECURITY NO. (YES, NO, OR UNKNOWN) (IF YES, GIVE WAR OR DATES) 218-12-2827 Inez O. Henry Same Mrs. No 18 CAUSE OF DEATH (Enter only one cause per line far (a), (b), and (c).) BETWEEN ONSET AND DEATH Arteriosclerotic cardiovascular disease PART I DEATH WAS CAUSED BY IMMEDIATE CAUSE (a) DUE TO, OR AS A CONSEQUENCE OF Canditians, if any, which gave rise to immediate cause (a) stating the under-DUE TO, OR AS A CONSEQUENCE OF lying cause last. PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (a) CERTIFICATION 190 DATE OF OPERATION 19h CONDITION FOR WHICH OPERATION WAS PERFORMED? 78 AUTOPSY? YES [NO XX 210 EXTERNAL CAUSE WAS 216. TIME OF INJURY 211 HOW INJURY OCCURRED LENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2] HOUR A.M. MONTH DAY YEAR UNDERLYING CONTRIBUTING CAUSE OF DEATH 21e PLACE OF INJURY (AT HOME. 211 LOCATION STREET, FACTORY, EARM, ETC.) STREET CITY OR TOWN COUNTY STATE WHILE WHILE AT WORK TO MEDICAL EXAMINER: THE EXECUTE THE CERTIFICATE. YEAGE 4 SHOULD BE FORW TO FUNERAL DIRECTOR: PAFTER DEATH, WITH THE STABALTIMORE, MARYLAND, 2 220. I certify that I took charge of the remains described above, held an Natural causes XX death resulted fram: Undetermined manner TITLE (SPECIFY) DATE 6-24-82 ssistant SIGNATURE EXAMINER'S NAME 111 Penn Street Margarita A. Korell, M.D. TYPE OR PRINT 23d. LOCATION 230 BURIAL, CREMATION, REMOVAL 736. DATE 6/28/ Burial /82 Loudon Park Cemetery Baltimore City 250. DATE REC'D. BY REGISTRAR 24 FUNERAL DIRECTOR **DHMH** - 17 MacNabb Funeral Home Catonsville, Md. (VR A15 ME (5)) 20M 4/82

STATE OF MARYLAND



3 5	1.	FOR ,		STATE OF DEPARTMENT OF HEALT	MARYLAND H AND MENTAL HYGI	EMF 2	5024
		REGISTRAR	MI		CERTIFICATE OF D	REG. NO.	3044
		CEASED NAME FIRST		MIDDLE	LAST	OF ESTI-	MONTH DAY YEAR 76 HOUR
5848 E		Irvi		Н.	Henson JR.	DEATH MATED	6 3 19 82 M
PA FILE DIRECTORY FILE DIVERSITY OF FILE DIVERSI	3 SE	ALE BLACK	5. DATE OF BIRTH	YEAR LAST BIRTHDAY) MOR	INDER TYR. IF UNDER 24 HR	PRONOUNCED DEAD	6 5 19 82 A.M
- 200 2/		IRTHPLACE (STATE OR DREIGH COUNTRY)	76. CITIZEN OF V	VHAT COUNTRY?	RIED NEVER MARRIED	9. BALTIMORE CITY OR	
(TAP) 25	MA	RYLAND	us	WIDO		Baltimore (City, MD
ELAY TO THE BE FIGURE		Baltimore	(IF NOT IN SUCH	ospital, nursing home, or of facility, give street address) ank ford Avenue,	F	USUAL OCCUPATION (TYPE OF OR MOST OF WORKING LIFE)	WORK 12b. KIND OF BUSINESS OR INDUSTRY
ANY E AND 3 AND 3 AND 3 AND 3 HOULD HOULD FECORE		AL RESIDENCE (IF IN NURSING HOM STATE RYLAND	OR OTHER INSTITUTION	BALTIMORE		STREET ADDRESS NKFORU	AVENUE
A A 33,2	14. F	ATHER'S NAME	MINDS P		15. MOTHER'S MAIDEN NA	ME	1.47
		IRVIN	MIDDLE	HENSON SR	. ALVERTA	MIDDLE	McCREE
0 -95-0	16a. \	WAS DECEASED EVER IN U.S. A		166. SOCIAL SECURITY NO.	17. INFORMANT	ADDRESS	
		YES NO OR UNKNOWN) ("ATR	FORCE	215-30-2866	ALVERTA HER	ISON 833 W.	PRATT ST.
: Ems		18 CAUSE OF DEATH (Enter	ED BY				APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
CON ST., 24 HOUS ITEM 18. LONG W PERMIT. GIENE, D			ATE CAUSE (a)	Arterioscleroti	c Cardiovascul	ar Disease	
LANOWA AL		Conditions, if any, which		OR AS A CONSEQUENCE OF			
WITH WITH WITH WITH WITH WITH WITH WITH		gave rise to immedia cause (a) stating the unde	te (b)	DR AS A CONSEQUENCE OF			
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		PART 2 OTHER SIGNIFICANT CONDITIO	S CONTRIBUTING TO DEAT	H BUT NOT RELATED TO THE TERMINAL DISE.	ASE OR CONDITION GIVEN IN PART 1 (a).		
DIVISION OF VITAL RECORDS, S CERTIFICATE SHOULD BE EXEC RITING THE WORD "REDDING" REED TO THE CHIEF MEDICAL RES SHOULD BE USED AS A BUY E DEPARTMENT OF HEALTH AN OT PRIOR TO BURRAL, CREMATH	NO	28					
F VITAL RE E SHOULD WORD "PE E CHIEF A BE USED A BURIAL, O	CERTIFICATION	190. DATE OF OPERATION	196. CONE	DITION FOR WHICH OPERATION	WAS PERFORMED?		20 AUTOPSY?
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SION OF VI RTIFICATE SI NG THE WO O TO THE CO SHOULD BE PARTMENT TO BU		210 EXTERNAL CAUSE WAS	216. TIME (HOUR A.	OF INJURY .M. MONTH DAY YEAR	HOW INJURY OCCURRED (EN	TER NATURE OF INJURY IN ITEM 18 PART	1 OR PART 2)
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DIVIS THIS CER WARDED WARDED PAGE 3 S STATE DEP	MEC	WHILE NOT WHILE AT WORK		ACTORY, FARM, ETC.	STREET	CITY OR TOWN	COUNTY STATE
= =>3050		AT WORK AT WORK					-
NE SERVICE		22a I certify that I took cha				, Inquiry . and it	my opinion 1
AMI STIFF STANIA RYLV		death resulted from / / Na	usel couses X,	Accident L. Suicide L		determined manner,	
W. W. WA		ACTUAL OTT	Dua	W	Assistant W		DATE 6-6-82
SHOW SHOW	1	SIGNATURE			M.D	AEDICAL EXAMINER	SIGNED
TO MEDICAL EXAMINER: THE EXCUTE THE CERTIFICATE, PRAGE 4 SHOULD BE FORW, TO FUNERAL DIRECTOR: PARTIMORE, WARTHAND, 21		EXAMINER'S NAME (TYPE OR PRINT)	Hormez R.	Guard, M.D.	_ADDRESS111	Penn Street	
PATO PEED -	230.8	URIAL, CREMATION, REMOVAL		23c. NAME OF CEMETERY	OR CREMATORY 23d	LOCATION LITY OR TOWN	COUNTY STATE
7/03/BP		BURIAL	6-10-82	ARLINGTON N	IAT. CEMT. A	ARLINGTON	VIRGINIA
DHMH - 17	24 F	UNERAL DIRECTOR PHILLIPS	1 49095	1° N. MONROE ST.	25a. DATE REC'D	BY REGISTRAR 256 REGISTE	S S S S S S S S S S S S S S S S S S S
(VR A15 ME (5))		C.L. IIILLII	1/4	I N. MUNKUL SI.	JUN	3 1900 GUANTED	The same of



	1.	FOR • STATE REGISTRAR	DEP	ARTMENT OF HE	OF MARYLAND ALTH AND MENTAL I CATE OF DEATH	HYGIENE 8	2 REG. NO.	1	5 0	2	5
		CEASED NAME FIRST LOTS:	MIDOLE	Hens		20 DATE C	OF DEATH M	e 28,		10:	P
6	3. SE	×	RIACK	5 DATE OF		4	YEARS LAST BIRTH	YRS.	FUNDER I YEAR	# UNDER I	
5/1		IRTHPLACE (STATE OR FOREIGN COUNTRY) ARE AND AND AND AND AND AND AND AND AND AND	Th CITIZEN OF WHAT COUNTY USA 11. NAME OF HOSPITAL, NU	MARRIED WIDOWED JRSING HOME OR		Ba	ore city or altimor	e Cit		F BUSINES	MD.
4	100	Baltimore AL RESIDENCE (IF NURSING HOME OR	Maryland Ge	eneral Ho	spital	(TYPE OF MA	SALLE	WORKING LIFE	INDUSTRY		
3	130 5	Md. 136 COUN		10WN	36 INSIDE CITY LIMITS	76	3 W	, 54	arate	DOA	54
06	14. FA	ATHER'S NAME FIRST AM RS	AIDDLE HEALS		5. MOTHER'S MAIDEN	NAME	WIDDLE	5	elia	AN/	
/		VAS DECEASED EVER IN U.S. ARA YES NO OR UNKNOWN) (IF YES, GIVE	AED FORCES? 166 SOCIAL 219-	32-429	HI/d	A Ede	ADDRES	76	2 W.S	DARK	1/54
		PART I. DEATH WAS CAUSED IMMEDIATE Conditions, if ony, which gove rise to immediate cause (a), stating the underlying cause last.	DUE TO OR AS A CONS	EOUENCE OF Ardial In	art Failure	e					
,,,,,,	ATION	PART 2 OTHER SIGNIFICANT CO									
1	CERTIFICA	190 DATE OF OPERATION	196 CONDITION FOR WI			20a AU1 YES	NO	IN CERTIFY YES		OF DEATH	H?
1	MEDICAL CE	210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEAT (IF EITHER NOTIFY MEDICAL EXAMINER) 210. INJURY OCCURRED	P.M.	DAY YEAR 19	21c. HOW INJURY OCC	CURRED (ENTER N	ATURE OF INJURY	IN ITEM 18 PAR	RT i OR PART 2)		
ij	MEC	WHILE NOT WHILE AT WORK	21e PLACE OF INJURY (AT HOME STREET, FACTORY OF	FICE FARM, ETC	ZII. LOCATION STREET		CITY OR TOW	٧	COUNTY	51	TATE
		270.1 certify that III (this hospite saw the deceased alive an above, IX (we) (did) (37.28.08)	June 28		that in (m) (our) opini	2, to ion deoth occuri	June 2 red on the dote	8 nd hour		that 街 (w	
		Moleamuca	& Aslan	~. Kl:	ATTENDING PHYSICIAN		STAFF		6/28	8/198	2
1		22d. PHYSICIAN'S NAME (TYPE OR Mohammad Asla			c/o Maryl	land Gen	eral Ho	ospita	11		

DHMH - 16 50M 1/B1 (VRA 15, 4)

APORTANT: If Hem 21 is marked or Hem 18 shows ony injury, ar other troumatic

RUNING 24 FUNERAL DIRECTOR

230 BURIAL, CREMATION, REMOVAL

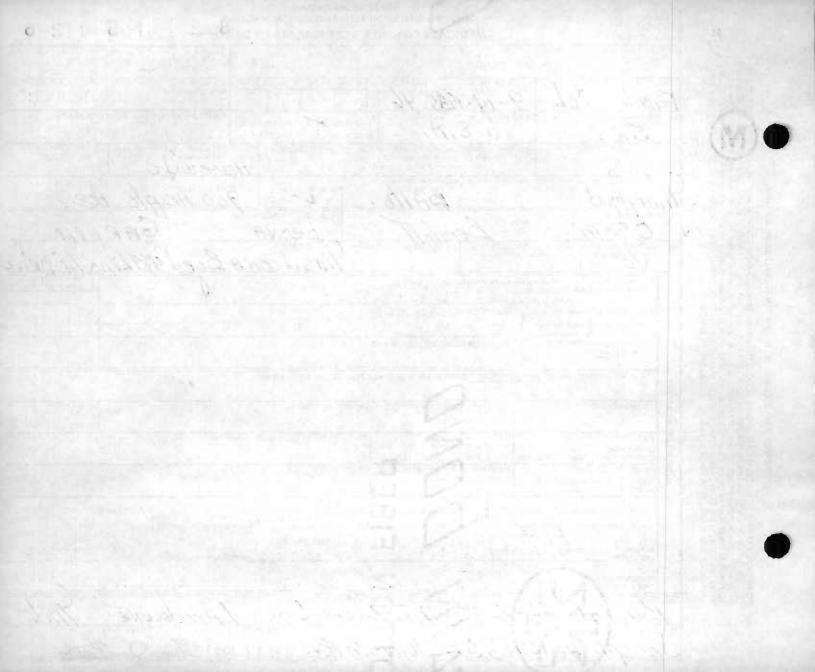
236 DATE

234 NAME OF CEMETERY OR CREMATORY

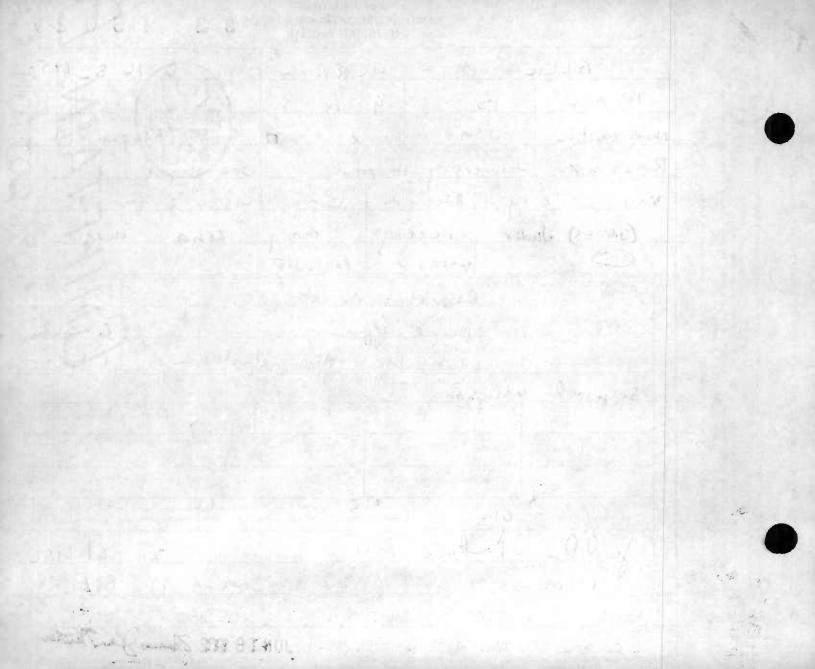
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	Special Specifications	
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	1	STATE OF MARYLAND						
	11-	DEPARTMENT OF HEALTH AND MENTAL HYGIENE ATE MEDICAL EXAMINER'S CERTIFICATE OF DEATH 5 0 2 6						
12		REGISTRAR	1 5 0 2 6					
Ma 42 E		CEASED NAME FIRST	Florence	LASY Her	od OF ESTI-	MONTH DAY YEAR 26 HOUR		
ARY, PLEA DIRECTO DUR FILE 472 HOUT	3. SE	make Colid	9-14-1935 9	(IN YEARS IF UNDER 1 YR. IF UNDER 1 YR. IF UNDER 1 YR	ER 24 HRS. 2t. DATE MIN PRONOUNCED DEAD	6 11 82 1:15P		
	F	RETHPLACE (STATE OF DIRECTOR OF THE PROPERTY)	1.5 CITIZEN OF WHAT COUNTRY?	MARRIED NEVER MAR	RIED	or County of DEATH ore City MD.		
PARE HERE	LB	altimore		Avenue	120 USUAL OCCUPATION (TO ECOMOST OF WORKING LIFE)	PE OF WORK 126. KIND OF BUSINESS OR INDUSTRY		
ND. 21201 2. AND 3 TO 3. RETAIN PA 2. SHOULD BE AL RECORDS:		AL RESIDENCE (IF IN NURSING HOME TATE 136 COUP	OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE AI NTY 13c. CDD OR TO	DANISSION) 13d: INSIDE CITY LIMITS? YES NO [136. STREET ADDRESS	le Ave		
	14. F	OSSCAR STANDARD	MIDDLE Bennett	15 MOTHER'S MAII	MIDDLE	PRUIND		
ALTIMO AFTER IVE PA(IVE PA(IVE PA(IVE PA(IVE PA(IVE PA(IVE PA(IVE IVE IVE IVE IVE IVE IVE IVE IVE IVE	160 (VAS DECEASED EVER IN U.S. AR ES. NO. OF (INKNOWN) (IF YES, GIVE	MED FORCES? 166 SOCIAL SEC	Mrs, La	ONA BURN 4	84 Lincoln Drive		
: 5° € ≥ F O		PARTIDEATH WAS CAUSE Canditions, if ony, which	TE CAUSE (a) Ulabetes Due to, or as a conseque	mellitus	Ø	APPROXIMÂTE INTERVAL BETWEEN ONSET AND DEATH		
201 W. UTED W. IN PENCEXAMINE EXAMINE SIAL - TR. ON, OR		gave rise to immediate cause (a) stating the under lying cause last. PART 2 OTHER SIGNIFICANT CONDITIONS			PART 1 in i			
RECORDS, D BE EXEC RENDING, MEDICAL AS A BUI CREMATI	TION	19g, DATE OF OPERATION		OPERATION WAS PERFORMED?				
SHOULD ORD "PE CHIEF A CHIEF A TOF HE, URIAL, OR INTERNAL, TIFICA	176. DATE OF GERATION	196 CONDITION FOR WHICH	OPERATION WAS PERFORMED?		20 AUTOPSY? YES □ NO □ X			
ATE WEN THE MEN TO BE TO	MEDICAL CERTIFICATION	210 EXTERNAL CAUSE WAS UNDERLYING OR CONTRIBUTING CAUSE OF	DEATH P.M.	YEAR 9	RED LENTER NATURE OF INJURY IN ITEM I	8 PART I OR PART 2)		
- ESERE	MEDI	ZIE INJURY OCCURRED WHILE NOT WHILE AT WORK	21e PLACE OF INJURY (AT HO STREET, FACTORY, FARM, ETC.)	ME. 211 LOCATION STREET	CITY OR TOWN	COUNTY STATE		
EXECUTE THE CERTIFICATE, V PAGE 4 SHOULD BE FORW, TO FUNERAL DIRECTOR: PA AFTER DEATH, WITH THE STA BATIMORE, MARYLAND, 21			ge of the remains described above, held ral case.	an Autopsy . Inspect Suicide . Hamicide TITLE (SPECIFY)	Inquiry	and in my apinian		
EDICAL ESTETHE CITE THE CITE T	5	ACTUAL SIGNATURE EXAMINER'S NAME	Suall	M.D. Assistar	1t_MEDICAL EXAMINER	DATE SIGNED 6/12/82		
TO ME EXECUTE PAGE TO FUI	23a.E	(TYPE OR PRINT)	Hormez R. Guard,		Penn Street, Ba	1		
/ / BP	24 F	SUPIAL UNERAL DIRECTOR	6-16-82 m7	Zion (om.	E REC'D. BY REGISTRAR 1256. REC	COUNTY CO		
DHMH - 17 (VR A15 ME (5)) 20M 4/B2		aseph L, 1	LUSS 2222 W.	North Ace IUN	1 6 1982 Theme	Jan Worthy		



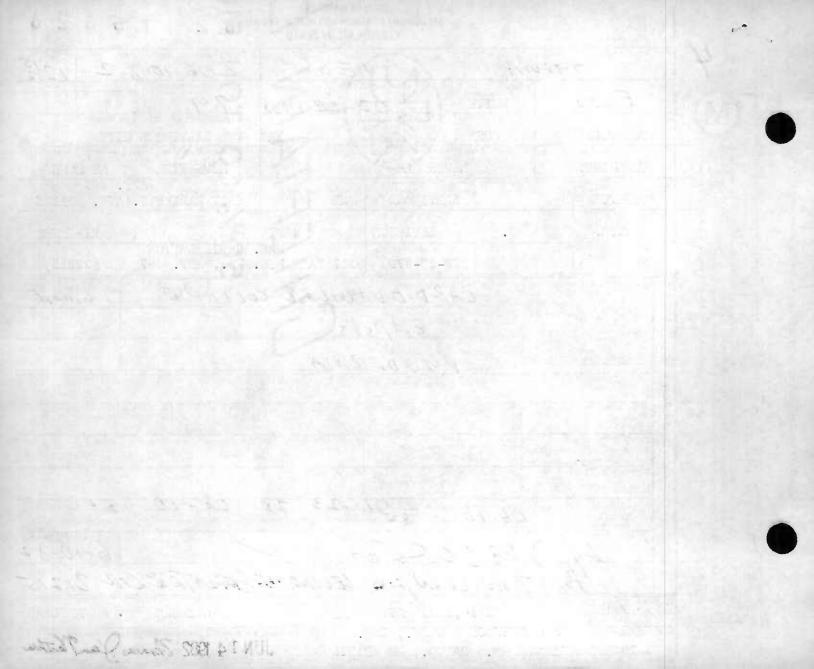
STATE OF MARYLAND



STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

FOR



DHMH - 16 50M 1/81 (VRA 15, 4)

FOR STATE REGISTRAR

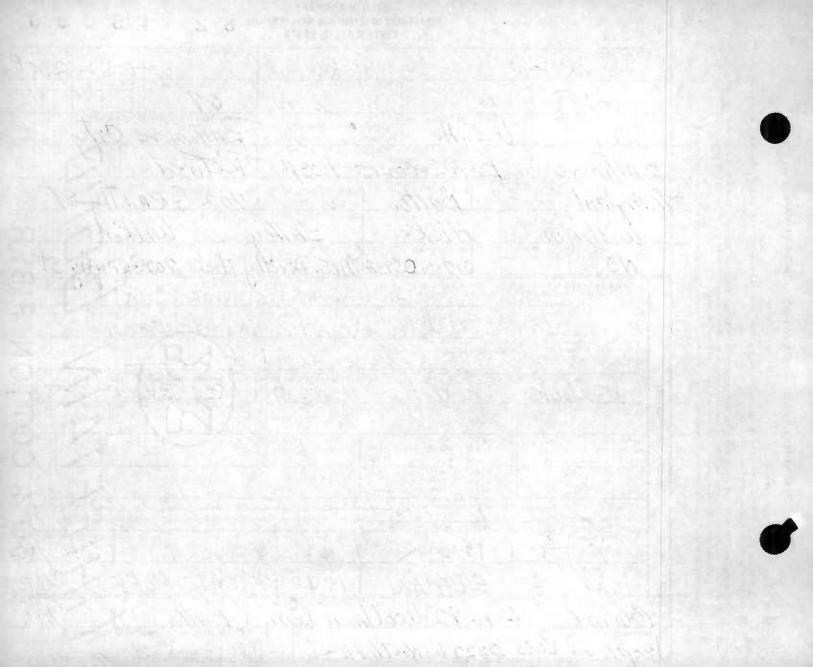
STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

5

ı	REGISTRAN			CERTII	ICATE OF DEATH	REG, NO	0				
ſ	1. DECEASED NAME FIRST		MIDDLE		LAST	2a. DATE OF DEATH	MONTH DA	AY YEAR	2b HOUR		
İ	(TYPE OR PRINT) Ern	est	G .	He	y1	June 20,	1982		O A . M		
	3. SEX	4 RACE		S. DATE		6. AGE IN YEARS LAST BIR		FUNDER TYEAR	IF UNDER 24 HRS		
	Male	White		Apri	7 28,7914 YEAR	68	YRS	ONTHS DATS	HOURS MIN.		
5	70. BIRTHPLACE (STATE OR FOREIGN	(STATE OR FOREIGN 7b, CITIZEN OF WHAT COUNTRY? USA		MARRIE WIDOWS	DEVER MARRIED DIVORCED	9 BALTIMORE CITY OR COUNTY OF DEATH City					
	Baltimore	Unior	Memoria.	I Hos	DR OTHER INSTITUTION pital	12a USUAL OCCUPATION : ST. II 12b KIND OF BUSIN RET . MECHATION IST B. G. & E.					
5	USUAL RESIDENCE (# NURSING HOME OF 136 STATE Md.		ADMISSION)	13d. INSIDE CITY LIMITS?	3340 Ches	terfie	ld Ave	nue			
	14 FATHER'S NAME George E	MIDDLE I	leyl LAST	14	Lottie	ME MIDDLE	Stri	ker LASI			
		WAS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SECU 145 NO OR UNKNOWN) (15 YES GOVEWAR OR DATES) 213-01-4.				ADDRESS Heyl Same					
	Conditions, if any, which gove rise to immediate cause 101, stating the underlying cause lost. PART 2 OTHER SIGNIFICANT (19a DATE OF OPERATION 21a ACCIDENT WAS UNDERLYING		EATH BUT	NOT RELATED TO THE TERMI	INAL DISEASE OR CONI	EN IN PART I (o					
	THE COLUMN THE COLUMN					YES NO	ING CAUSES	OF DEATH?			
	OR CONTRIBUTING CAUSE OF DE				21t HOW INJURY OCCURRED (ENTER NATURE OF INJURY INITIEM 18. PA 9 21f LOCATION						
	220 I certify thet (I) (this hospits sow the deceased alive in	270 I certify thet (I) (the hospital) ottended to make the declared of the date and hour of above. (I) (we) idid to the date and hour of above. (I) (we) idid to the date and hour of the date and hour of the date and hour of the date and hour of the date. (I) (we) idid to the date and hour of the date a							19 Y 3., that (1) (200) last		
1	Melvin F. Pol	ek Sr. l			3603 Belair		timore	, Mary	land		
1	230 BURIAL, CREMATION, REMOVAL (SPECIFY)	236. DATE	23c N	AME OF C	EMETERY OR CREMATORY	23d LOCATION CITY OR TOWN		COUNTY	STATE		
1	Burial 24 FUNERAL DIRECTOR	June 2	3,1982 Gd	ns.o	f Faith	Baltimor REC'D. BY REGISTRAR	_		d. JRE		

Leonard J. Ruck Inc. Baltimore, Maryland



FOR

	STATE OF MARYLAND				
	DEPARTMENT OF HEALTH AND MENT				
t	CEDTIFICATE OF DEAT				

TAL HYGIENE R

	REGISTRAR 1. DECEASED NAME FIRST MIDDLE [TYPE OR PRINT] AMOS				CERTIFICATE OF DEATH REG. NO						3 0 0 1			
				NIDDLE	1	sī.							1R	
					HILL				26,		9:55			
	3. SE	n.	NEG	RO	MONTH O	F BIRTH	YEAR 07	A. AGE INIVEAS	78		ONTHS DAYS	_	MIN.	
3	In B	IRTHPLACE (STATE OR FOREIGN	16 CITIZEN OF V	WHAT COUNTRY		NEVER MAR	RRIED -	9 BALTIMORE O		county o			MA	
10)0 C	ITY OR TOWN OF DEATH		OSPITAL, NURSI	NG HOME O	ROTHER INSTITU	TION		UPATION		12h KIND	OF BUSINE	ESS OF	
8	PIST	Baltimore AL RESIDENCE (IF NURSING HOME OF	Man	cyland G	eneral	Hospi	tal	Tatore	en		C	alle	7	
5	13a. S	STATE 136 COUL		Balla		134 INSIDE CITY YES I NO		13. STREET ADD 2547	RESS	ignal	a an	P		
OC	14 6/	Hemon	MIDDLE HILL	LAST		15 MOTHER'S M.	AIDEN NAM		DOLE N	100	1	AST		
1		WAS DECEASED EVER IN U.S. AR	MED FORCES? VE WAR OR DATES)	166 SOCIAL SEC	URITY NO	Belon	Ship	lb 25	ADDRESS	74	quesa	LA	P	
		18 CAUSE OF DEATH (Enter of		line for (o), (b), o	, and ic APPROXIMATE BETWEEN ONSE							XIMATE INTER	RVAL DEATH	
	PART I. DEATH WAS CAUSE OBY IMMEDIATE CAUSE (o) Aspiration										-			
		DUE TO, OR AS A CONSEQUENCE OF Conditions, if ony, which ((b) Seizure Activity												
		gave rise to immediate couse (a), stating the DUETO, OR AS A CONSEQUENCE OF												
		underlying cause lost ((c) Idiopathic Epilepsy										210		
	NOI	PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION Distant Past History of Burr holes for Subdural Hematoma							TION GIVE	SIVEN IN PART 110				
1	CERTIFICATION				ICH OPERATION WAS PERFORMED			YES NO		IN CERTIFY	ES, WERE FINDINGS USED FIFYING CAUSES OF DEATH? YES NO N			
2		21a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DE		INJURY A. MONTH D	AY YEAR	21c HOW INJUR	RY OCCURRE	D (ENTER NATURE		IN ITEM 18 PAR	RT I OR PART 2)		2	
71	MEDICAL	(IF EITHER NOTIFY MEDICAL EXAMINES			19	21f. LOCATION								
	ME	WHILE NOT WHILE AT WORK		ET. FACTORY, OFFICE	FARM, ETC)	STREET		CIT	Y OR TOWN	4	COUNTY	5	STATE	
		276 Learlify that (1x (this hospital) attended the deceased from June 6, 19, 82, to June 26, 19, 82, that (1x (we) lost sow the deceased alive an June 26, 19, 82, and that in 1x (v) (our) opinion death occurred an the date and hour and from the causes stated above, 1x (we) (did) (1x 2x (x) v) view the body after death.												
		Michael 1	0 /4/	le	n		NDING SICIAN	MEDICAL DIRECTOR [] F	STAFF HYSICIA	Volument	6/2	6/8	2	
/		Micheal Hyle, M.D. 27% ADDRESS C/O Maryland General Hospital												
	73a f	Burial Euria	4/1	182 1	My C	APT WY	MATORY	92	B	wely	The	f.	Total	
	24 FL	orko Tuneral	Home 13	304 Mg (Donts	49	250. DATE	JN 28 19	TRAR 251	REGISTRA	ARYSIGNA	Nav	then	

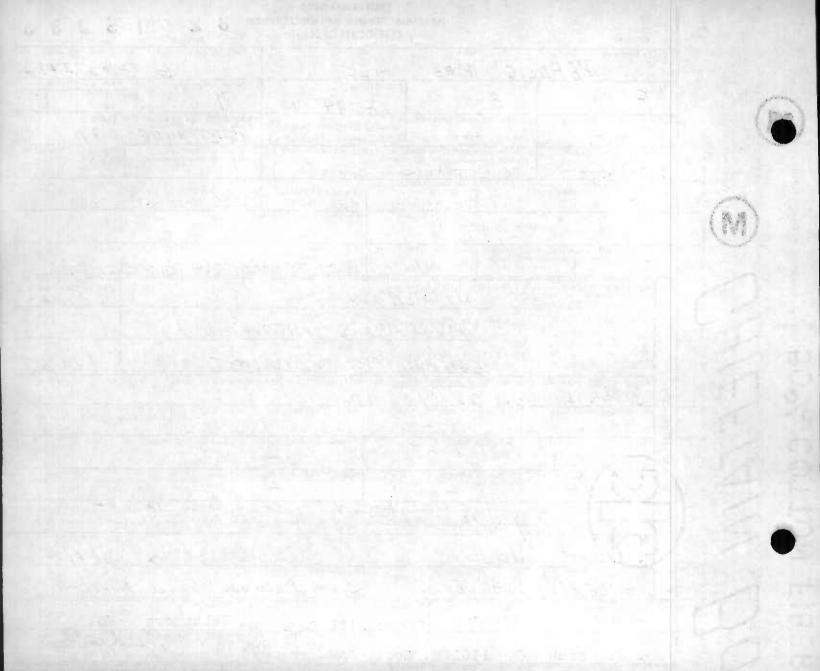
DHMH - 16 50M 1/81 (VRA 15, 4)

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FOR DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE CERTIFICATE OF DEATH REGISTRAR REG. NO 20. DATE OF DEATH MONTH I. DECEASED NAME PFARLIE (TYPE OR PRINT) MAE AGE (IN YEARS LAST BIRTHDAY) IF UNDER I YEAR IF UNDER 24 HRS 5. DATE OF BIRTH 3. SEX MONTH DAY YEAR HOURS B 24 10 BALTIMORE CITY OR COUNTY OF DEATH Th CITIZEN OF WHAT COUNTRY? TO BIRTHPLACE ISTATE OR FOREIGN MARRIED NEVER MARRIED N.C. WIDOWED DIVORCED II. CITY OR TOWN OF DEATH NAME OF HOSPITAL NURSING HOME OR OTHER INSTITUTION 120 USUAL OCCUPATION 12b. KIND OF BUSINESS OR (TYPE OF WORK FOR MOST OF WORKING LIFE) INDUSTRY (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS) Baltimore South Baltimore Gen! 1 USUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) 130 STATE 113b COUNTY 13c. CITY OR TOWN 13d. INSIDE CITY LIMITS? 13e. STREET ADDRESS 2216 Annapolis Road MD Baltimore NOF YES 14 FATHER'S NAME 15 MOTHER'S MAIDEN NAME FIRST MIDDLE LAST LAST ADDRESS MAS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SECURITY NO 17 INFORMANT NO OR UNKNOWN) (IF YES, GIVE WAR OR DATES) N/A Mary Johnson 2216 Annapolis Road APPROXIMATE INTERVAL 18. CAUSE OF DEATH (Enter only one cause per line for (g), (b), and (c PART I. DEATH WAS CAUSED BY 120us IMMEDIATE CAUSE (a LARMA INFARERON Conditions, if ony, which gave rise to immediate cause (a), stating DUE TO, OR AS A CONSEQUENCE OF PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110 CERTIFICATION ony 20b. IF YES, WERE FINDINGS USED 196 CONDITION FOR WHICH OPERATION WAS PERFORMED 20a AUTOPSY? ğ IN CERTIFYING CAUSES OF DEATH? NO YES [21g. ACCIDENT WAS UNDERLYING 216 TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18, PART 1 OR PART 2) HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) P.M 21f. LOCATION 21d INJURY OCCURRED 21e. PLACE OF INJURY CITY OF TOWN COUNTY STATE (AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.) NOT WHILE WHILE AT WORK 22s.1 certify that (I) (this haspital) attended the deceased fram. 19 82 saw the deceased alive an abave, (1) (we) (did) (did not) view the bady after death. , and that in (my) (aur) apinion death accurred an the date and haur and fram the causes stated 27h SIGNATURE DEGREE 22c. DATE SIGNED MEDICAL PHYSICIAN DIRECTOR PHYSICIAN MPORTANT. 22e. ADDRESS 22d PHYSICIAN'S NAME (TYPE OR MINT should b 23c. NAME OF CEMETERY OR CREMATORY 23a. BURIAL, CREMATION, REMOVAL 23b. DATE Baltimore COUNTY STATE Burial MD 6/16/82 Co. Cedar Hill Cem 250. DATE REC'D. BY REGISTRAR 256. RESISTRAR'S SIGNATURE 24 FUNERAL DIRECTOR DHMH - 16 25M (VR A 15 (4)) 9/74 Wm. C. March F/H

1101 E. North Ave.

STATE OF MARYLAND



	4				STATE OF MARYLAND			
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S. Poges 1		VAS DECEASED EVER IN U.S. AR (1F YES, GIV	F WAR OR DATES)	SOCIAL SECURITY 12-09-12	6 44 44	inson Same as	#13	
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	CATIC	A DATE OF OPERATION	196 CONDITION	FOR WHICH OP	eration was performed	20a AUTOPSY? 20b IF YE	C WERE ENIRE	
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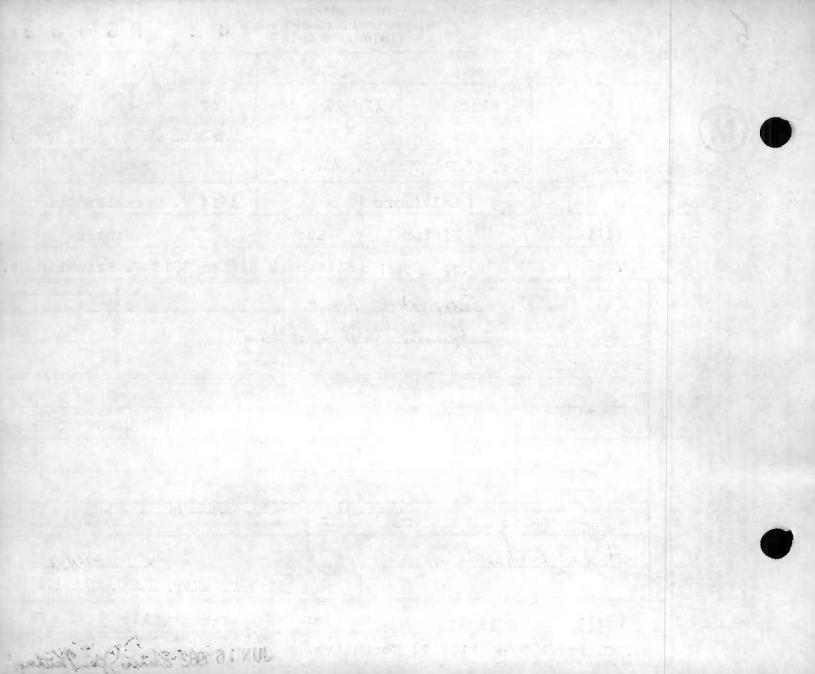
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REGISTRAR

STATE OF MARYLAND
DEPARTMENT OF HEALTH AND MENTAL HYGIENE

CERTIFICATE OF DEATH



FOR

REGISTRAR DECEASED NAME

- STATE

(VRA 15, 4)

BALTIMORE CITY 120 USUAL OCCUPATION 12h KIND OF BUSINESS OR TYPE OF WORK FOR MOST OF WORKING LIFE INDUSTRY UPHOLSTERER FURNITURE CO. 4731 ALDGATE GREEN, 21227 UNKNOWN ANNABELL M. KEPPLER 4731 ALDGATE GREEN PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 ID 20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? YES NO F 216 HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM TO PART 1 OR PART 2) STATE , and that in (my) (aur) opinion death accurred on the date and hour and from the causes stated 22c DATE SIGNED ST. AGNES HOSPITAL, 900 S. CATON AVENUE BURIAL 06-11-82 LORRAINE PARK WOODLAWN BALTIMORE 24 FUNERAL DIRECTOR 21229 250 DATE REC'D. BY REGISTRAR 256 REGISTRAR DHMH - 16 50M 1/81 HUBBARD FUNERAL HOME, INC. 4107 WILKENS AVE.

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

CERTIFICATE OF DEATH

20 DATE OF DEATH

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TYPE OR PRINTS

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO LAST 20. DATE OF DEATH 26 HOUR LOUISE

HOFFMEISTER 6 AGE (IN YEARS LAST BIRTHDAY) BALTIMORE CITY OR COUNTY OF DEATH BALTIMORE CITY 120 USUAL OCCUPATION 12b. KIND OF BUSINESS OR [TYPE OF WORK FOR MOST OF WORKING LIFE] INDUSTRY HOMEMAKER 1403 LANGFORD ROAD, 21207 **EVANS ADDRESS** 1403 LANGFORD ROAD BETWEEN ONSET AND DEATH TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110 20b. IF YES, WERE FINDINGS USED N CERTIFYING CAUSES OF DEATH? NO 21c HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) COUNTY CITY OR TOWN STATE

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VIRGINIA

22c. DATE SIGNED

24 FUNERAL DIRECTOR 21229 ADDRESS HUBBARD FUNERAL HOME, INC. 4107 WILKENS AVE

07-06-82

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ARLINGTON NATTONAL

250. DATE REC'D. BY REGISTRAR 256 REGISTRAR'S SIGNATURE

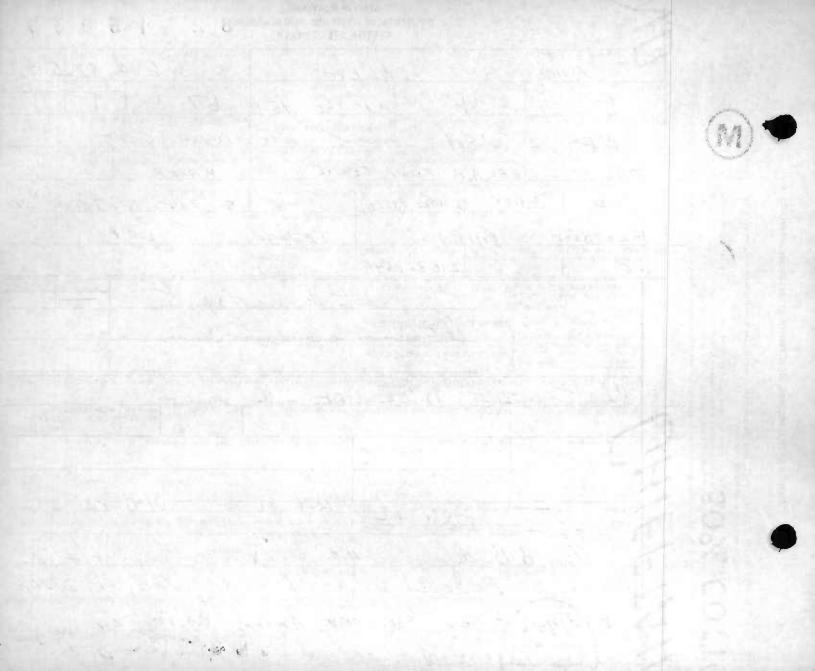
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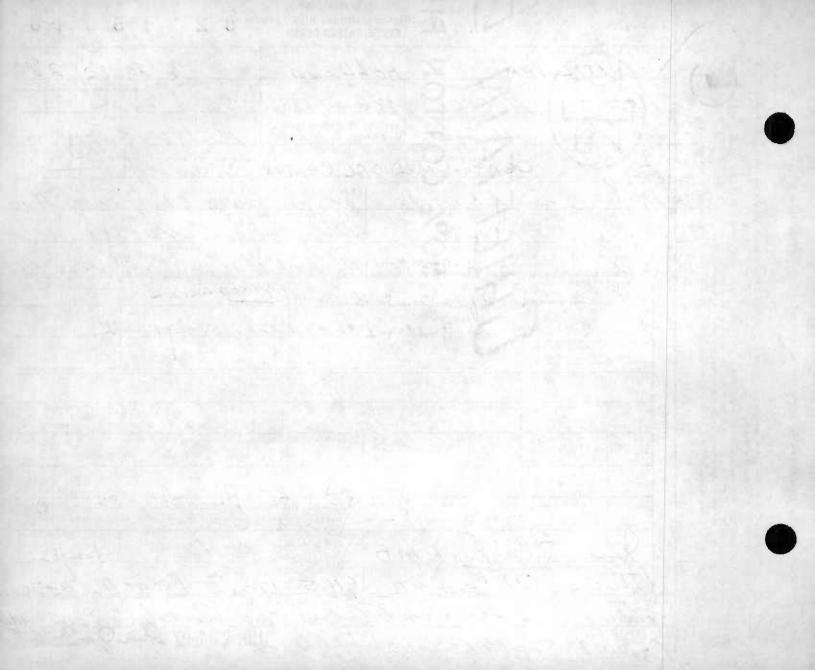
STATE OF MARYLAND

A NORTH WARREN TO STANFORD LINE SECTION TO ACA CALL STATE OF THE STATE OF Teritore Companies of the sense All Considered Creeks Mil.

STATE OF MARYLAND FOR DEPARTMENT OF HEALTH AND MENTAL HYGIENE R - STATE CERTIFICATE OF DEATH REGISTRAR REG. NO. 1. DECEASED NAME MIDDLE 20. DATE OF DEATH MONTH 26 HOUR (TYPE OR PRINT) 3. SEX 4 RACE 5 DATE OF BIRTH 6 AGE (IN YEARS LAST BIRTHDAY) IF UNDER 1 YEAR MONTH DAY VEAR BALTIMORE CITY OR COUNTY OF DEATH BIRTHPLACE ISTATE OF FOREIGN 76 CITIZEN OF WHAT COUNTRY? MARRIED | NEVER MARRIED | COUNTRY WIDOWED DIVORCED [11. NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION 12a USUAL OCCUPATION 12b. KIND OF BUSINESS OR TYPE OF WORK FOR MOST OF WORKING LIFE) INDUSTRY BAKER CONV USUAL RESIDENCE (IF NUR ME OF OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION 13a STATE 13c. CITY OR TOWN 13d. INSIDE CITY LIMITS? 13e STREET ADDRESS MIDORE RIVER MD 15 MOTHER'S MAIDEN NAME 14 FATHER'S NAME FIRST MIDDLE UNE 5 EO Lo L WNIE 17. INFORMANT **ADDRESS** 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SECURITY NO DIVISION OF VITAL RECORDS, 301 W. PRESTON ST., BALTIMORE I (IF YES, GIVE WAR OR DATES) (YES, NO OR UNKNOWN) 218322549 APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH 18 CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (0) ONSEQUENCE OF Conditions, if ony, which gove rise to immediate or other couse (o), stoting DUE TO, OR AS A CONSEQUENCE OF underlying couse lost. CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110 QTHER SIGNIFICANT CERTIFICATION 9 prior ony 206. IF YES, WERE FINDINGS USED 19a DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED 200 AUTOPSY? IN CERTIFYING CAUSES OF DEATH? and Mental Hygiene NO YES T 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18, PART 1 OR PART 2) 710. ACCIDENT WAS UNDERLYING 216. TIME OF INJURY 8 HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH morked or Item (IF EITHER, NOTIFY MEDICAL EXAMINER) P.M 21d. INJURY OCCURRED 21e PLACE OF INJURY 211. LOCATION CITY OR TOWN COUNTY STATE (AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.) NOT WHILE AT WORK AT WORK 220.1 certify that (1) 4this hospitally attended the deceased from 201 sow the deceased alive on. and that in (my) (our) opinion death occurred on the date and hour and from the causes stated 40 obove, (I) (we) (did) (did view the body after death Herm 226. SIGNATURE DEGREE 22t. DATE SIGNED 19-ATTENDING \ MEDICAL STAFF be deto PHYSICIAN DIRECTOR PHYSICIAN FUNER old be 22d. PHYSICIAN'S NAME (TYPE OR PRINT) 22e ADDRESS MPORT NAME OF CEMETERY OR CREMATORY 230. BURIAL CREMATION, REMOVAL 23d. LOCATION 23b. DATE COUNTY STATE (SPECIFY) AM NUL PUNERAL DIRECTO DHMH-16 60M 1/73 NAME (VR A 15 (4))



STATE OF MARYLAND



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DHMH - 16 50M 1/81 (VRA 15, 4)

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	3. SEX	4 RACE	5 DATE OF B		6 AGE (IN YEARS LAST BIR	THDAY) IF UN	NDER 1 YEAR	IF UNDER	24 HRS	
d	Female	White	July 8	3, 1895 YEAR	86	YRS MONT	HS DAYS	HOURS	MIN,	
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	22h Signature	Freeman	O M	ATTENDING PHYSICIAN	MEDICAL STAIL DIRECTOR PHYSIC		22c. DATE	SIGNED		
	22d PHYSICIAN'S NAME (14PE C		\sum_{D} .	11 West 29	9th St Balt:	imore, M	aryla	and		
	23a. BURIAL, CREMATION, REMOVAL SPECIFY) Burial		Parkwoo	TERY OR CREMATORY	23d LOCATION CITY OR TOWN Baltimore	e. Marul	อกไ	5°	TATE	
	24 FUNERAL DIRECTOR	Inc. Baltimore,		25a DAT	TE REC'D. BY REGISTRAR		SIGNATI	URE	I Jane M	

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	STATE OF MARYLA			
FOR	DED ADTMENT OF HEALTH AND A			

PEPARTMENT OF HEALTH AND MENTAL HYGIENE
CERTIFICATE OF DEATH

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		REGISTRAR		REG. NO							
		CEASED NAME FIRST	MIDDLE	. 1	AST	20 DATE OF DEATH	26 HOUR				
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1			MED FORCES? 166 SOCIAL	SECURITY NO.	17 INFORMANT	ADDRE	55				
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	¥	(IF EITHER NOTIFY MEDICAL EXAMINER)	P.M.	19							
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=\/		AT WORK AT WORK									
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Н		sow the deceased alive an obove, (1) (We) (did) (did not	13 June 82	19, or	nd that in (my) (fur) opinion	death occurred of he do	te and hour o	and from the c	couses stoted		
П		22b. SIGNATURE	view the body offer death.	-	DEGREE			22c DATE S	SIGNED		
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ŗ.		224 PHYSICIAN'S NAME (TYPE OF			22e ADDRESS			V			
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	22-	CREMATION	1224 DAYE	22. NAME OF C	I CALLETERY OR COS	Tata LOCATION					
	130	SPECIFY)	23b. DATE	THE NAME OF C	EMETERY OR CREMATORY	23d LOCATION	0 (COUNTY	STATE		
	7	SURTAL LAS MATIO	JUNE 17 1982	WSSTI	112W TARK	BALTO-	13 A)	TO.	WO.		
	24 FL	JNERAL DIRECTOR)		250 DAT	E REC.D. BY REGISTRAR	256 REGISTRA	R SIGNAD	m 1		

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DHMH - 16 50M 1/81 (VRA 15, 4) THE PROPERTY OF THE PROPERTY O

wm. C. march F/H 1101 E. North Ave.

FOR

- STATE

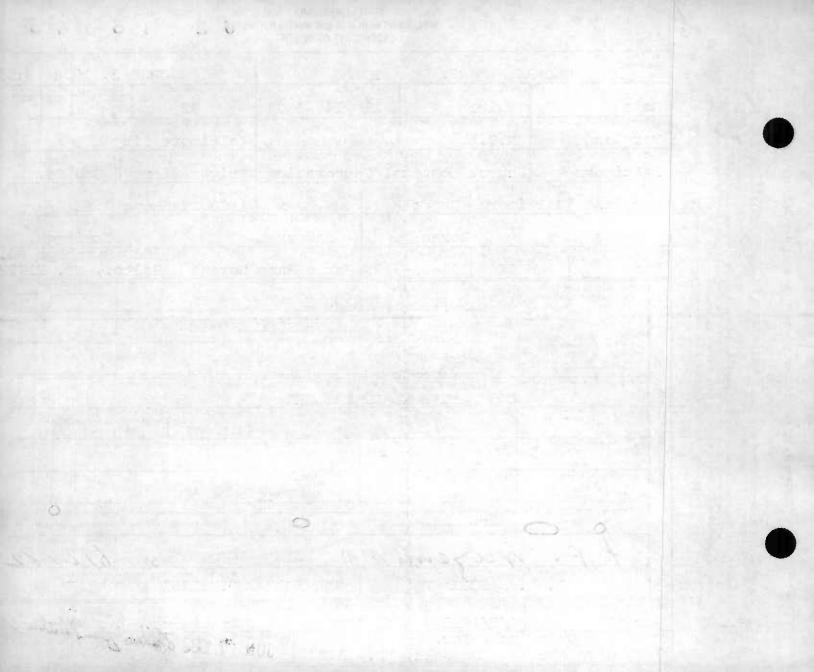
DHMH - 16.50M 1781 (VRA 15, 4)

STATE OF MARYLAND

CERTIFICATE OF DEATH

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

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	(TYF	E OR PRINT)	=		OF ESTI-			
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(EB) #25	3. SEX	A RACE / S. D.	ATE OF BIRTH ONTH DAY YEAR LAST BIRTHDAY) MC	UNDER 1 YR. IF UNDER 2	MIN PRONOUNCED	MONTH	AT YEAR	28 HQUR
上非常电点	n	TAIR WILL S	7-13-1959 22 YRS.	1,00,0	DEAD	6-23-	8219	11:02
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STON ST., BALTIMORE, MI 1 24 HOURS AFTER DEATH. 10 TIEM 18, GINE PAGES 1. 12 ALONG WITH FORM DEATH. 17 PERMIT, PAGES 1 AND 2. 17 YOUR DIVISION OF VITE OVAL.		NO	216-14-3959	f lir some	5 Thellow	19171	V. Benly	9/80
W.I.P.		18 CAUSE OF DEATH (Enter only on	e cause per line far (a), (b), and (c).)				APPROXIMATE I	INTERVAL
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NO SO THE SO OF		22a I certify that I took charge of	the remains described above, held an Aut	topsy X Inspection	, Inquiry , o	nd in my apinio	n	
EXAMINER CERTIFICAT JUD BE FOR DIRECTOR: WITH THE	4	death resulted from: Natural co	uses , Accident , Suicide	, Homicide	Undetermined manner			
ERT ARI		A.	. (1)	TITLE (SPECIFY)				
A. A.		ACTUAL SIGNATURE	ente the 1/2	M.D.Assistant	11501511 571111150	DATE	-24-82	
ZHR SHE	51	SISINATURE		M.D.J.S.S.I.GITT.	MEDICAL EXAMINER	SIGNED	_27_02	
MEDI CUTE FUNE FR DE	4	EXAMINER'S NAME Marga	rita A. Korell, M.D.	111 Pe	enn Street			
TO MEDICAL EXAMINER: TO EXCUTE THE CENTIFICATE. PAGE 4 SHOULD BE FORW TO FUNESAL DIRECTOR: PAFTER DEATH, WITH THE ST. BAIT MORE, MARYLAND, 2	-	(TTPE OR PRINT)		ADDRESS			7	
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Ambrose Funeral Home 1328 Sulphur

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE 🞖 CERTIFICATE OF DEATH REG. NO. LAST 2g. DATE OF DEATH MONTH DAY 26 HOUR 82 6 6. AGE (IN YEARS LAST BIRTHDAY) IF UNDER I YEAR BALTIMORE CITY OR COUNTY OF DEATH 126. KIND OF BUSINESS OR (TYPE OF WORK FOR MOST OF WORKING LIFE) INDUSTRY own home TOWACHILO

BETWEEN ONSET AND DEATH

NO [

STATE

206 IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH?

COUNTY

22c. DATE SIGNED

Balto. Maryland

YES

Woodlawn

DHMH-1650M 1/81 (VRA 15, 4)

24 FUNERAL DIRECTOR

- STATE

REGISTRAR

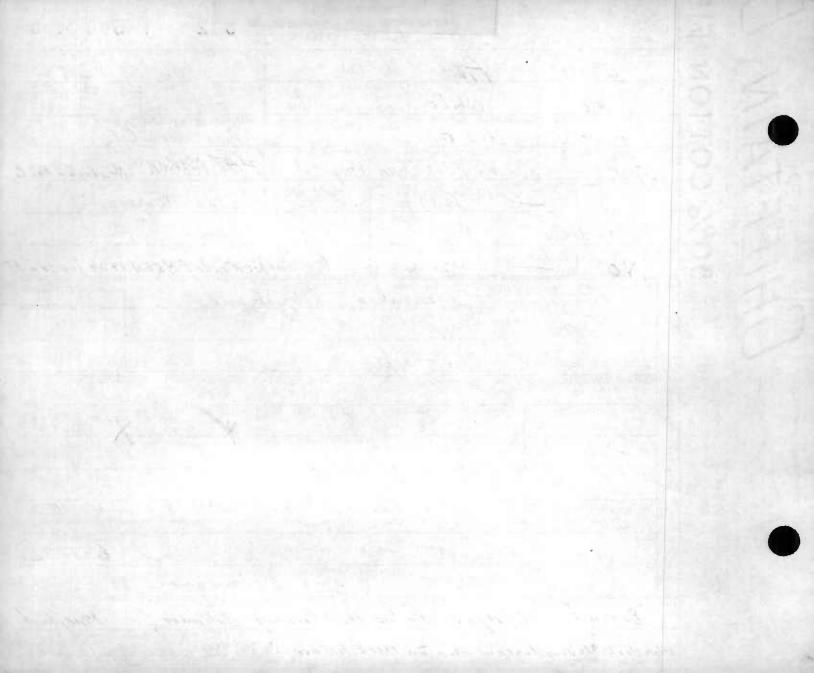
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DEPARTMENT OF HEALTH AND MENTAL HYGIENE

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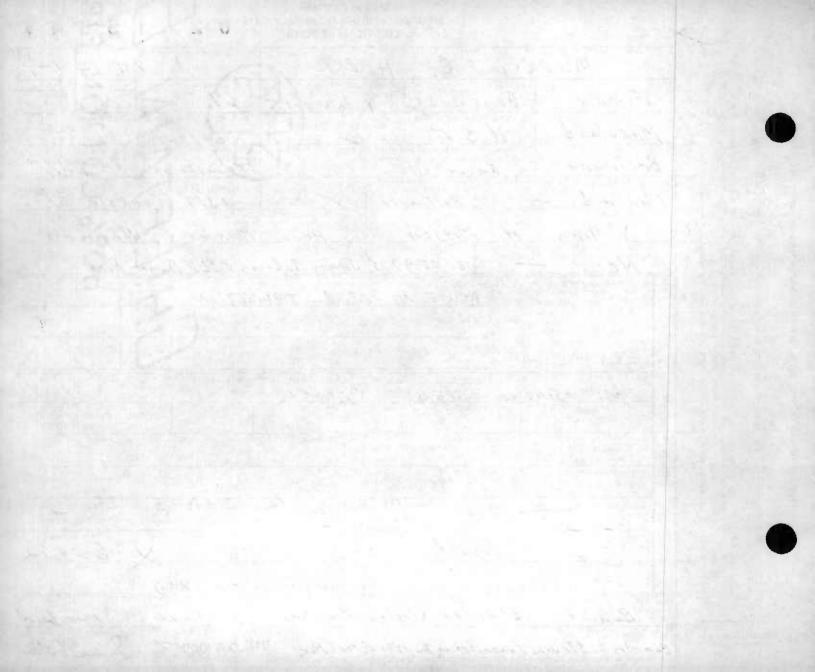
DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

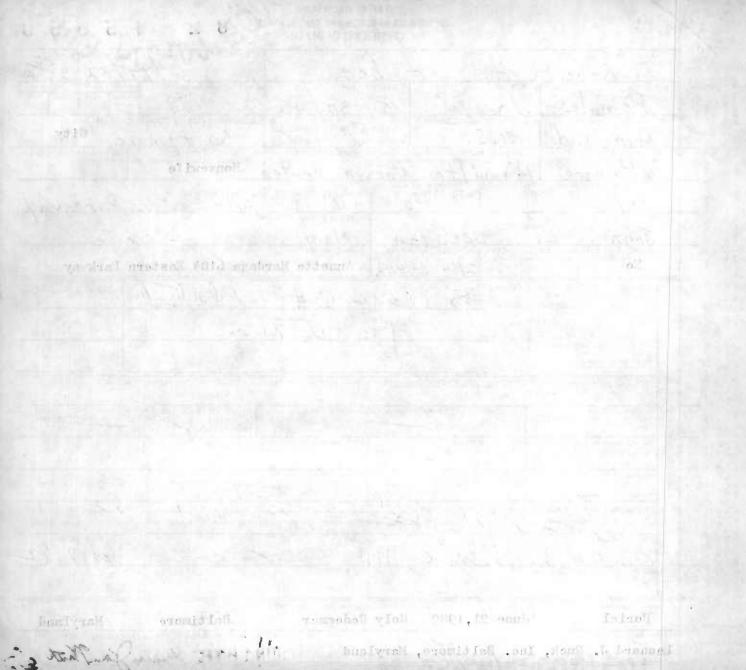
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Charles L. STevens Funeral Home Inc 1501 E. FORT AVE

DHMH - 16 50M 1/81 (VRA 15, 4)

should be detoched for use os the burial-transit permit. Then please remave corbon pape with the State Dept- of Health and Mental Hygiene prior to burial, cremation, or removal IMPORTANT: If Item 21 is morked or Item 18 shows any injury, or other troumotic event,





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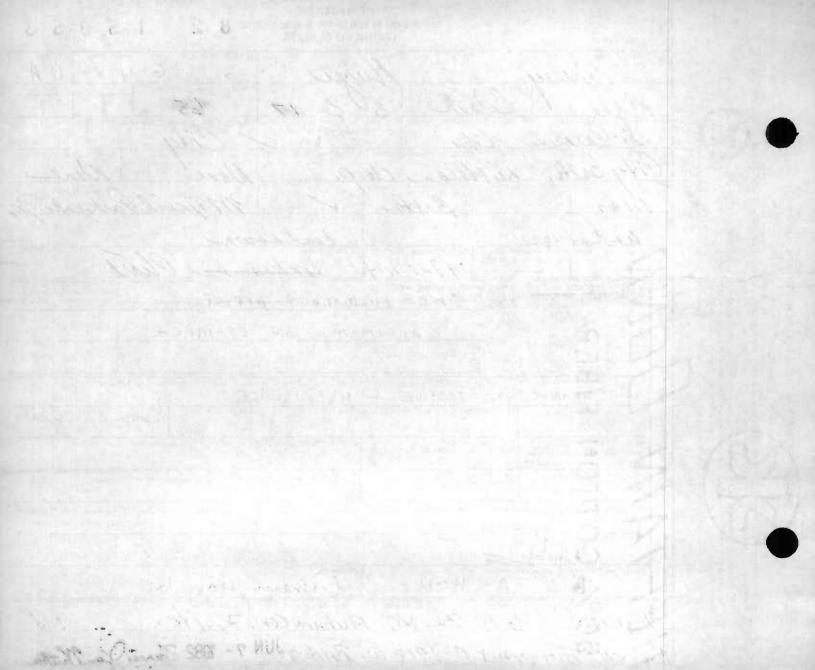
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(VRA 15, 4)

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~ V					STATE OF MA	RYLAND				
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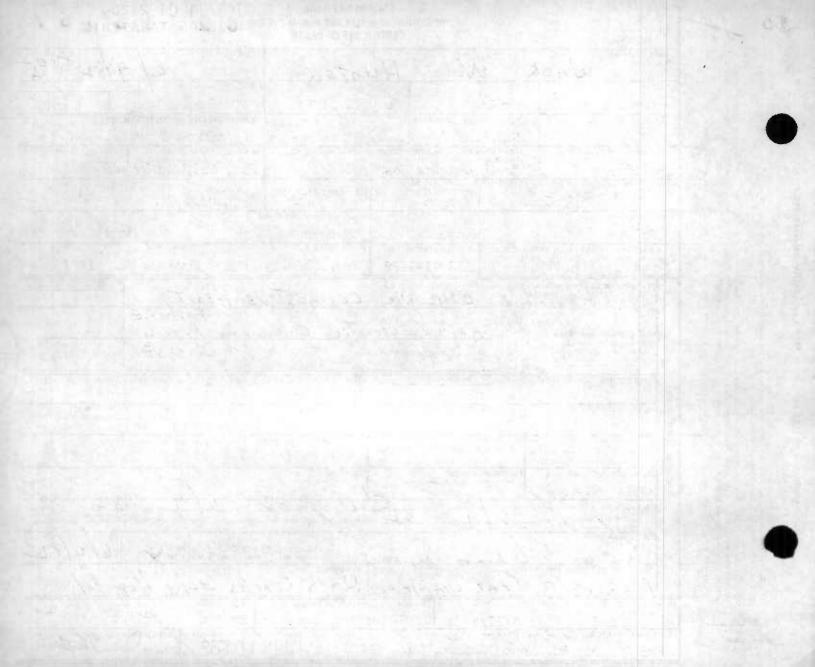
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	23a. E	SPECIFY)	36. DATE		EMETERY OR CREMATOR	CITY OR TOWN		COUNTY	STATE
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STATE OF MARYLAND
DEPARTMENT OF HEALTH AND MENTAL HYGIENE

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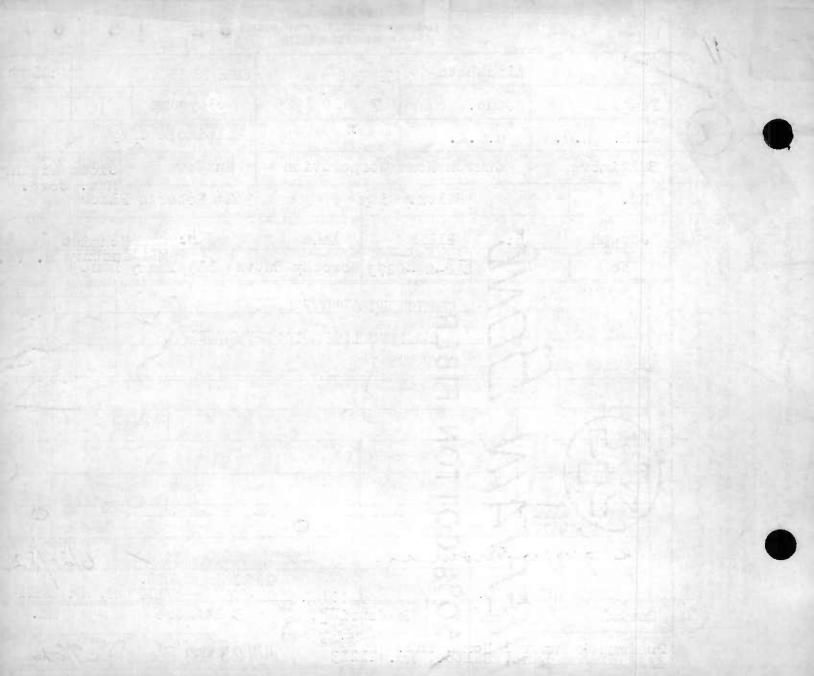
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(VRA 15, 4)

STATE OF MARYLAND
DEPARTMENT OF HEALTH AND MENTAL HYGIENE

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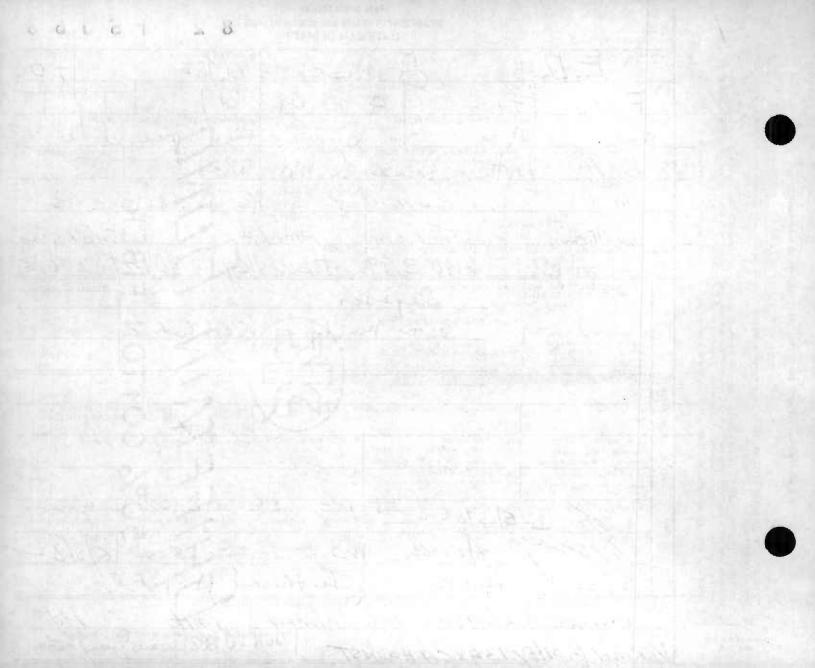
STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE CERTIFICATE OF DEATH REGISTRAR REG. NO DECEASED NAME MIDDLE 20. DATE OF DEATH MONTH 2h HOUR (TYPE OR PRINT) 1982 Lee Trwin June Robert 3 SEX 4 RACE 5. DATE OF BIRTH 6 AGE LIN YEARS LAST BIRTHDAYS IF LINDER 1 YEAR IF LINDER 24 MRS MONTH HOUR5 White Male 1910 August 22 BALTIMORE CITY OR COUNTY OF DEATH Le. BIRTHPLACE ISTATE OR FOREIGN 76 CITIZEN OF WHAT COUNTRY? MARRIED NEVER MARRIED COUNTRY Baltimore City Baltimore WIDOWED DIVORCED [10. CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION 12h KIND OF BUSINESS OR S. Bouldin St. (TYPE OF WORK FOR MOST OF WORKING LIFE) INDUSTRY Baltimore Assembly line Gen. Motors USUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) 13h COUNTY 13c CITY OR TOWN 13e. STREET ADDRESS 13d. INSIDE CITY LIMITS? 803 S. Bouldin St. Baltimore Maryland YES X 14 FATHER'S NAME 15. MOTHER'S MAIDEN NAME MIDDLE FIRST MIDDLE Griffin Lilly William Mae Trwin 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 17. INFORMANT ADDRESS 166 SOCIAL SECURITY NO IYES, NO OR UNKNOWNI (IF YES, GIVE WAR OR DATES) Margaret Irwin 803 S. Bouldin St. 216-01-7516 WWT ves 18 CAUSE OF DEATH (Enter only one couse per line for (a), (b), and ic PART I. DEATH WAS CAUSED BY CARCINOMA LUNG IMMEDIATE CAUSE to DUE TO, OR AS A CONSEQUENCE OF Conditions, if ony, which gove rise to immediate couse (o), stating the DUE TO, OR AS A CONSEQUENCE OF underlying couse lost. PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (0 DIVISION OF VITAL RECORDS. CERTIFICATION 19n DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED 200 AUTOPSY? 20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? NON YES [21a. ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18, PART 1 OR PART 2) 80 HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 21d. INJURY OCCURRED 21e. PLACE OF INJURY 21f. LOCATION ō (AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.) CITY OF TOWN COUNTY STATE NOT WHILE 22a I certify that (1) (this hospital) attended the deceased from 82 ond that in (my) (our) opinion death occurred on the date and hour and from the causes stated sow the deceased alive on_ obove, (1) (we) (did (did not) view the body ofter death. 22b. SIGNATURE DEGREE 22r. DATE SIGNED ATTENDING STAFF PHYSICIAN DIRECTOR PHYSICIAN 22d. PHYSICIAN'S NAME (TYPE OR PRINT) 22e ADDRESS MPORT 230. BURIAL, CREMATION, REMOVAL 23b. DATE 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION Burial June 22 1982 Sacred Heart of Jesus Baltimore 24 FUNERAL DIRECTOR DHMH - 16 60M 7/73 (VRA 15 (4)) Lilly & Zeiler, Inc. 700 S. Conkling St.

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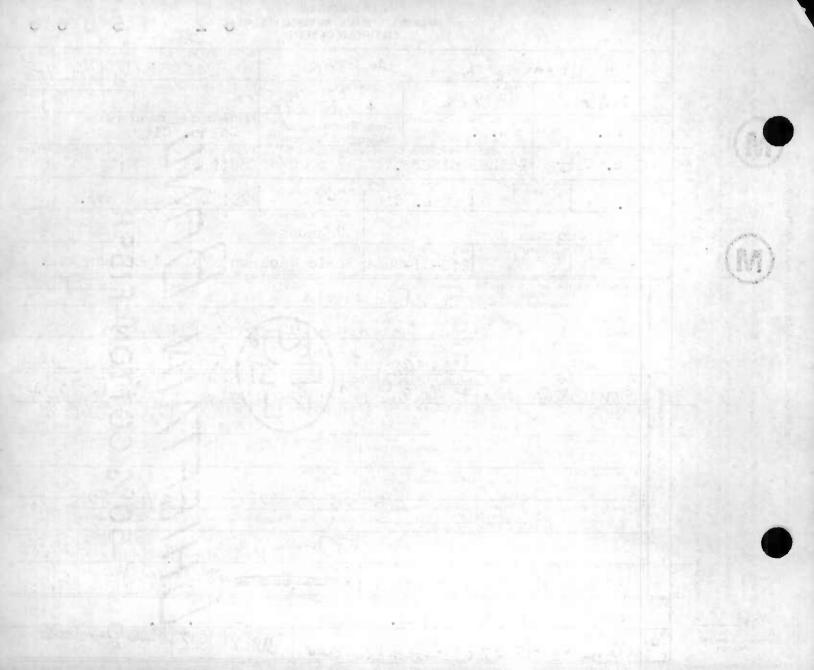
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: 5,8,≯⊢.□	F	18 CAUSE OF DEATH (Enter only one	couse per line for (a), (b), and (c).)	٠٨٠		e y wender		APPROXIMAL BETWEEN ONS	E INTERVAL
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XECUTED VG" IN P. SAL EXAL BURIAL - AND ME			(c)						
DIVISION OF VITAL RECORDS, 201 W. S CERTIFICATE SHOULD BE EXECUTED W. RITING THE WORD "PENDING" IN PENDING. RED TO THE CHIEF MEDICAL EXAMINE: E SHOULD BE USED AS A BURIAL. TR. E DEPARTMENT OF HEALTH AND MENT OF PRIOR TO BURIAL, CREMATION, OR	Z	PART 2 OTHER SIGNIFICANT CONDITIONS CONTRI	BUTING TO DEATH BUT NOT BELATED TO THE TE	RMINAL DISEASE O	B CONDITION GIVEN IN PART	1 (0)			
L COLD A	CERTIFICATION	190 DATE OF OPERATION	196 CONDITION FOR WHICH OP	ERATION WAS	PERFORMED?		1	20 AUTOPSY	.3
E SHOULD WORD "PE E CHIEF A BE USED NI OF HE BURIAL, O	I H						35.0	YES 🛣	NO 🗆
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2442KI	1	AT WORK AT WORK							
ATE, T ORW HE ST VD, 3		22a I certify that I took charge of the	he remains described obove, held an	Autopsy	XX Inspection	, Inquiry,	and in my op	oinion	
MANN HEROTO		deoth resulted fram: Natural cas	uses 🗶 , Accident 🔲 ,	Suicide .	Homicide .	Undetermined manner],		
WILD SERVICE WILL WILL WAR		ACTUAL A	0-		TITLE (SPECIFY)		DATE		1000
A H S H S H S H S H S H S H S H S H S H		SIGNATURE	TO TO	M.D	Assistant	MEDICAL EXAMINER	DATE	b_6-28-	-82
MONTE STORY	1	EXAMINER'S NAME JANN M.	Dixon, M.D.		111 P	enn St., Bal	to Mc	1 21201	
TO MEDICAL EXAMINER: TO EXECUTE THE CERTIFICATE, PAGE 4 SHOULD BE FORW TO FUNEAAL DIRECTOR: PAGE BOATH, WITH THE SI	77.	BURIAL, CREMATION, REMOVAL 236 DA			- NEOO	1236 LOCATION	, 1710	. 21201	
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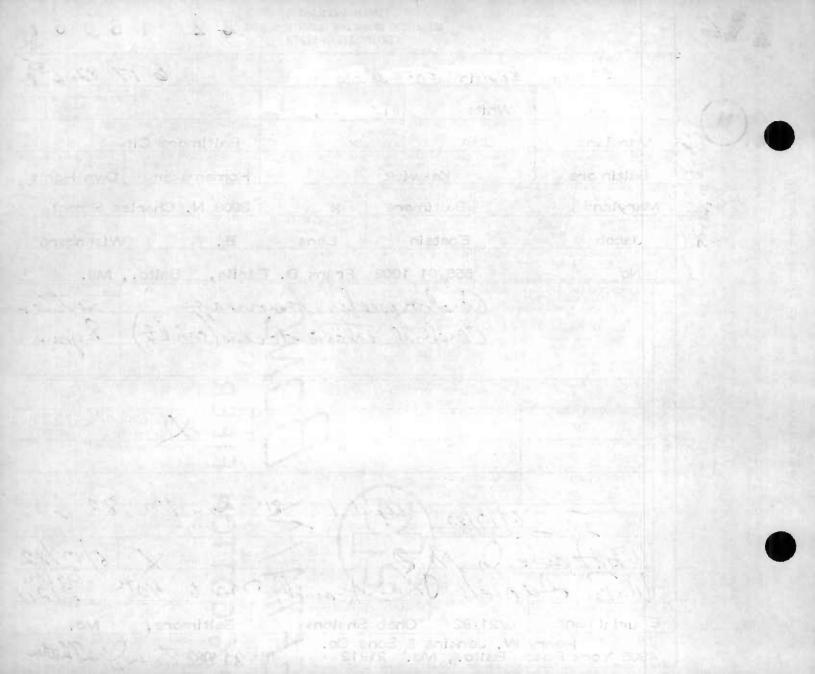
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. S n.e	REGISTRAR I DECEASED NAME FIRST THE DEPARTMENT	MIDDI€	LAST LAST	REG. NO.	DAY YEAR 26 HOUR
20	RU'.	PH N.	JACKSON	6	1,1982 8:20 A
(mar)	1. SEX:	4 RACE	5. DATE OF BIRTH	6 AGE [IN YEARS LAST BIRTHDAY]	IF UNDER 1 YEAR IF UNDER 24 HR
(101)	Female	Black	6 6 21	60 YRS	
1 15 30	EIRTHPLACE (STATE OR FOREIGN COUNTRY) MD	76 CITIZEN OF WHAT COUNTE	MARRIED NEVER MARRIED WIDOWED DIVORCED		
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Tar hour	USUAL RESIDENCE (IF NURSING HOM) 130 STATE 136 CC	OR OTHER INSTITUTION GIVE RESIDENCE BEI	ORE ADMISSION) DWN 13d INSIDE CITY LIMITS?	13e SIREET ADDRESS 3313 Libert	y Heights Av
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n ond co		GIVE WAR OR DATES!		ssell 4504 Ga	rrison Blvd
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requires that en signed by t Then please or to burial, cr y injury, or oth		t Conditions <u>Contributing</u> t	ODEATH BUT NOT RELATED TO THE TER	rminal disease or condition o	
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ottending fire this cost the burn hond Me	OR CONTINENTIAL CAUSE SAM (IF EITHER, NOTIFY MEDICAL EXAM WHILE NOT WHILE AT WORK	21e PLACE OF INJURY	211 LOCATION STREET	CITY OR TOWN	COUNTY STATE
R ATTENDIN hospitol or RECTOR. Aft red for use o ppt. of Health rem 21 is mor	the deceased alive	spital) attended the deceased from 5 - 3) 19 not) view the body after death.	m 5-28 19 8 82 and that in my (our) opinio	n death occurred on the date and h	
the of the plant o	THUM SICIAN'S NAME (TY	Nelth with	ATTENDING PHYSICIAN	DIRECTOR PHYSICIAN	DATE SIGNED
Oto Od A	230 BURIAL CREMATION REMOV	NESBITY II	201 E. O.	NI VERSITY 123d LOCATION	
	ISPECIF Burial		Arbutus Mem. Pk.	Baltimore	couco. MD
DHMH - 16 50M 1/81 (VRA 15, 4)	Wm. NAME C. March	F/H 1101 E.	North Ave. 250. D	N 3 1982 There	IST AN SSIGNATURE

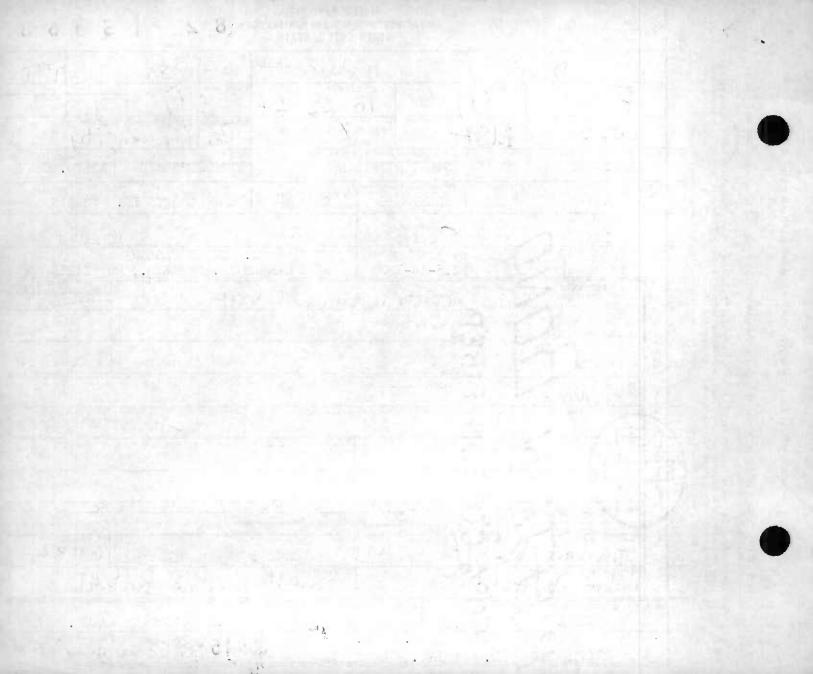
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	FOR STATE REGISTRAR	STATE OF N DEPARTMENT OF HEALTH CERTIFICAT		E 8 2	5066
oy be death	DECEASED NAME FIRST (TYPE OR PRINT) WILL AN	MIDDLE LAST	SON 20	JUNE 21	7, 1982 750 AM
ge 4 mo ector, po urs after o	SEX	4 RACE S. DATE OF BIRT	DAY SEAR 94		FUNDER LYEAR FUNDER 24 HRS.
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by the full with	Balto. City	11. NAME OF HOSPITAL, NURSING HOME OR OTH LUTTHE TEATH THOSE OF THE	IER INSTITUTION 12a	USUAL OCCUPATION THE OF WORK FOR MOST OF WORKING LIFE THE TIPE OF	12b. KIND OF BUSINESS OR
filled in ould be	USUAL RESIDENCE (IF MURSING HOME OR 3a STATE 13b COUN		NSIDE CITY LIMITS?	SIREET ADORESS 131 Edmondson	Ave.
within within odd 2 sh	A FATHER'S NAME FIRST Revede Jackso		OTHER'S MAIDEN NAME Unknown	WIDDLE	LAST
medico	WAS DECEASED EVER IN U.S. AR. (YES, NO OR UNKNOWN) 1 IF YES, GM		Osie Jackso	on 2731 Edmon	dson Ave.
32 5 5 7 4	Conditions, if ony, which gove rise to immediate couse [0], stating the underlying couse lost. PART 2. OTHER SIGNIFICANT OF THE COURT OF GERATION 21g. ACCIDENT WAS UNDERLYING	TH HOUR A.M. MONTH DAY YEAR	nonitis properties of the terminal home for the performed 2	metry June Vis	WERE FINDINGS USED ING CAUSES OF DEATH?
O HOSPITAL OR ATTENDINING of the common of t	OR CONTRIBUTING	210 PLACE OF INJURY 1 AT HOME. STREET, FACTORY, OFFICE, FARM, ETC.) 211. Li 101) attended the deceosed from 19 ond that 19 ond that DEGRE	ATTENDING MADE	LuTheran 1	9 82, that (1) (we) lost and from the couses stated 22c. DATE SIGNED 6 27/82 Anpi France
6 BP	SPECIAL CREMATION, REMOVAL	7/1/82 Mt. Aubu	.rn	Balto. Md.	COUNTY STATE
DHMH-16 30M 2/80 (VRA 15, 4)	Wine original origina	2700 Edmenton	250. DATE REC	28 1982	S. S. S. S. S. S. S. S. S. S. S. S. S. S

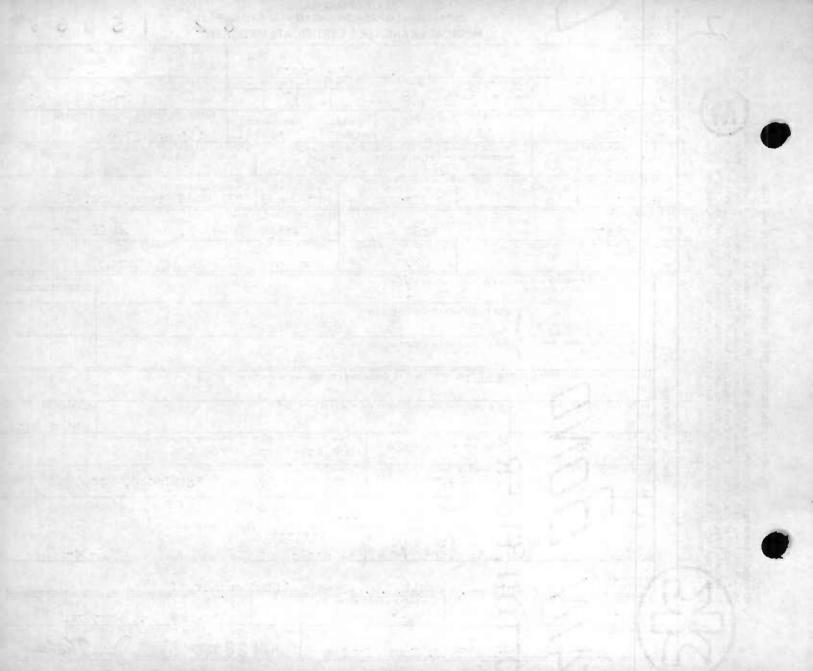




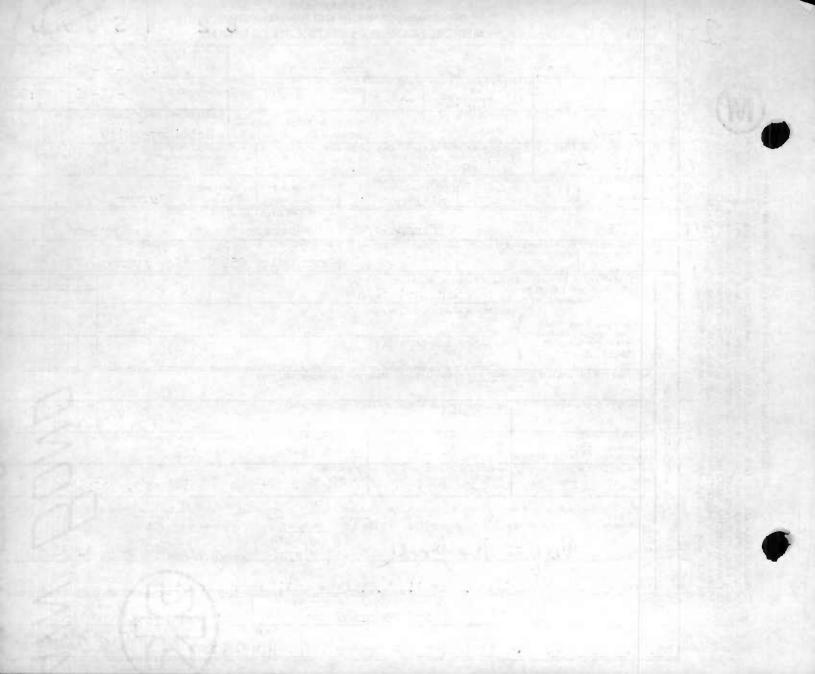
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nay be page 3	1	I DE	CEASED NAME PIRST	DORIS	MIDDLE	S OW JASLO	20 DATE OF DEATH		YEAR 26 HOUR
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nn 24 houng y filled in hould be	35	13a N	AL RESIDENCE (IF NURSING HOME C TATE ARYLAND		N. GIVE RESIDENCE BEFORE ADMISSION) 136 BALTIMORE	136 INSIDE CITY LIMITS?	130 STREET ADDRESS CLAI	RKS LA.	#21215
, MARYLAND orded within 24 ompletely filler	300		ATHER'S NAME FIRST SIMON	MIDDLE	ZESKIND	15 MOTHER'S MAIDEN NA FIRST ROSE	MIDDLE		ABURG
BALTIMORE, rate be execu- ysician and conpers. Pages 1	e medica		VAS DECEASED EVER IN U.S. AI ves, no or unknown) NO	RMED FORCES? (E WAR OR DATES)	16b SOCIAL SECURITY NO. 218-14-3930	3608 CLARI		LTO., MD	21215
ST., errific g ph	event, th		18. CAUSE OF DEATH (Enter of PART I, DEATH WAS CAUS IMMEDIA	nly one couse pe ED BY: TE CAUSE (0)	Metustut	lung (a)	ne	BE	AMOS
1 W. PRESTON hat the death ce by the ottendin ase remove corbin, or a	ather traumatic		Conditions, if any, which gave rise to immediate cause (a), stating the underlying cause lost	(b)_	DR AS A CONSEQUENCE OF				
equires the equires the range of the plea	injury, or	NOI	PART 2 OTHER SIGNIFICANT	CONDITIONS	CONTRIBUTING TO DEATH BUT	NOT RELATED TO THE TERM	INAL DISEASE OR CON	DITION GIVEN IN P	ART 1(o
AL RECC	Sol	CERTIFICATION	190 DATE OF OPERATION	19b CONE	DITION FOR WHICH OPERATIO	N WAS PERFORMED	20a AUTOPSY?	20b. IF YES, WERE IN CERTIFYING C YES	FINDINGS USED AUSES OF DEATH? NO
DIVISION OF VITAL RECORDS, ING PHYSICIAN: The low require ratherding physician. Were this certificate has been sign as the buriol-transit permit. Then hand Mental Highene prior to b.	Hem 18	MEDICAL CEI	210. ACCIDENT WAS UNDERLYING [OR CONTRIBUTING [CAUSE OF DE (IF EITHER, NOTIFY MEDICAL EXAMINER	ATH HOUR A	OF INJURY A.M. MONTH DAY YEAR P.M. 19	21c. HOW INJURY OCCUR	RED (ENTER NATURE OF INJUI	RY IN ITEM 18, PART 1 OR P	ART 2)
DIVISION ING PHY r attendii	morked ar	MED	21d. INJURY OCCURRED WHILE NOT WHILE AT WORK	(AT HOME, S	OF INJURY TREET, FACTORY, OFFICE, FARM, ETC.)	211 LOCATION STREET	CITY OR TOV	WN COUR	NTY STATE
ATTEND aspirol o aspirol o ECTOR: vid for use of, of Hea	m 21 is m		220 I certify that (I) (this hasp sow the deceased alive a above, (I) (we) (did) (did to	6-10	y The debth, 19 8 . or	nd that in (my) (our) apinion	death occurred on the de		
ITAL OR by the h RAL DIR	NT. # he		226. SIGNATURE DOUL 1	Ridle	M		MEDICAL STA	FF (DATE SIGNED
O HOSPITAL efoined by the TO FUNERAL should be det with the State	MPORTANT		Michael Rhal	OR PRINT)	•	220 Wilds	pring lave	Baltol	H
77 7/BP		230. 6	BURIAL, CREMATION, REMOVAL SPECIFY) BURIAL			MORE HEBREW	23d LOCATION CITY OR TOWN REISTERS	STOWN BA	LTO. STATE MD
DHMH - 16 50M 1/1 (VR A 15 (4))	76		UNERAL DIRECTOR SOL	LEVINSO	N & BROS., INC.	25a DAT		256 REGISTRAL S	
			010 REISTERSTO	WN KD.	BALTO, MD	21215	TIOUE	7	



STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE MEDICAL EXAMINER'S CERTIFICA REGISTRAR . DECEASED NAME 20 DATE KNOWN MONTH 26 HOUR (TYPE OR PRINT) ESTI-DEATH MATED Anthony Jefferson 4 RACE & AGE (IN YEARS 24 HOUR IF UNDER 24 HRS DATE LAST BIRTHDAY 6-23-82, PRONOUNCED 9:30P 2, 1973 Male Black YRS TE CITIZEN OF WHAT COUNTRY? To BIRTHPLACE (STATE OR 9. BALTIMORE CITY OR COUNTY OF DEATH MARRIED | NEVER MARRIED & Maryland USA WIDOWED DIVORCED Baltimore City AND 3 TO THE FL RETAIN PAGE 5 HOULD BE FILED, IO CITY OR TOWN OF DEATH II. NAME OF HOSPITAL, NURSING HOME, OR OTHER INSTITUTION OCCUPATION (TYPE OF WORK 126 KIND OF BUSINESS Todd "Avehue" Apt. J Baltimore USUAL RESIDENCE (IF IN NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) 13a. STATE 13d. INSIDE CITY LEAITS? 13e. STREET ADDRESS 13c CITY OR TOWN 13b COUNTY Baltimore 4931 Todd Avenue Apt. J Maryland YES X NO [14. FATHER'S NAME IS MOTHER'S MAIDEN NAME MIDDLE MIDDLE Cole Jefferson Robert Kathy A. 166 SOCIAL SECURITY NO. 60 WAS DECEASED EVER IN U.S. ARMED FORCES? 17. INFORMANT ADDRESS DIVISION N/A Rosa Quick 2520 Oakley Avenue No APPROXIMATE INTERVAL 18 CAUSE OF DEATH (Enter only one cause per line far (a); (b), and (c).) RITING THE WORD THE MEDICAL EXAMINER ALCOTTER
REDED TO THE CHIEF MEDICAL EXAMINER
GES SHOULD BE USED AS A BURIAL-TRANSIT PERMIT.
TE DEPARTMENT OF HEALTH AND MENTAL HYGIENE, D
ONL PRIØR TO BURIAL, CREMATION, OR REMOVAL. BETWEEN ONSET AND DEATH PART I DEATH WAS CAUSED BY: Strangulation IMMEDIATE CAUSE (o) DUE TO, OR AS A CONSEQUENCE OF Canditions, if any, which gave rise to immediate cause (a) stating the under-DUE TO, OR AS A CONSEQUENCE OF lying couse last. PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 101 CERTIFICATION 190 DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED? 20 AUTOPSY? YES 👿 NO [210 EXTERNAL CAUSE WAS 216. TIME OF INJURY 216 HOW INJURY OCCURRED LENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2 HOUR A.M. MOSTH? DAS 2 YEAR UNDERLYING XXR subject found strangled CONTRIBUTING CAUSE OF DEATH TIE PLACE OF INJURY (AT HOME TO MEDICAL EXAMINER: THIS CENERATE OF A SHOULD BE FORWARDET TO FUNERAL DIRECTOR: PAGE 3 AFTER DEATH, WITH THE STATE DE BALTJMORE, MARYLAND, 21201 P STREET, FACTORY, FARM, ETC.) 4931 Todd Avenue "Battimore, Maryland WHILE AT WORK Autopsy XX 220 I certify that I took charge of the remains described above, held on Inspection and in my opinion Homicide X. death resulted from: Natural causes Undetermined manner TITLE (SPECIFY) ACTUAL DATE 6-24-82 SIGNATURE EXAMINER'S NAME 111 Penn Street (TYPE OR PRINT) 23d. LOCATION 23a.BURIAL, CREMATION, REMOVAL 23b DATE King Memorial Park Baltimore Co., 6/29/82 Burial Maryland 24 FUNERAL DIRECTOR 250. DATE REC'D. BY REGISTRAR **DHMH - 17** (VR A15 ME (5)) Wm. C. March F/H, Inc. 1101 E. North Avenue 20M 4/82



DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE MEDICAL EXAMINER'S CERTIFICATE REGISTRAR DECEASED NAME FIRST 2a DATE KNOWN (TYPE OR PRINT) OF ESTI-DEATH MATED 6-20-8219 KATHY FFFFRSON 4. RACE 5. DATE OF BIRTH AGE (IN YEARS IF UNDER 24 HRS 2d HOUR DATE DAY LAST BIRTHDAY PRONOUNCED 9:30P DEAD Black 12, 1958 23 Female BIRTHPLACE (STATE OR 9. BALTIMORE CITY OR COUNTY OF DEATH 76. CITIZEN OF WHAT COUNTRY? MARRIED NEVER MARRIED X FOREIGN COUNTRY Baltimore City DIVORCED WIDOWED Maryland USA CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL, NURSING HOME, OR OTHER INSTITUTION 126 KIND OF BUSINESS Baltimore 4931 Todd Avenue Apt. J USUAL RESIDENCE HE IN NURSING HOME OF OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION 13a STATE 13c CITY OR TOWN 13d INSIDE CITY LIMITS? 13e. STREET ADDRESS 13h COUNTY 4931 Todd Avenue Baltimore Maryland YEST NO [14. FATHER'S NAME 15 MOTHER'S MAIDEN NAME MIDDLE MIDDLE Phillip Jefferson Almeater Gardner 17 INFORMANT ADDRESS 160. WAS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SECURITY NO (YES, NO, OR UNKNOWN) No Rosa Quick 2520 Oakley Avenue APPROXIMATE INTERVAL CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c),) BETWEEN ONSET AND DEATH PART I DEATH WAS CAUSED BY Strangulation IMMEDIATE CAUSE (a) DUE TO, OR AS A CONSEQUENCE OF onditions, if any, which gave rise to immediate cause (a) stating the under-DUE TO, OR AS A CONSEQUENCE OF lying couse lost. PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO GETH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (8) CERTIFICATION 19g. DATE OF OPERATION 19h CONDITION FOR WHICH OPERATION WAS PERFORMED? 20 AUTOPSY? NT OF HE BURIAL, YESX[X] NO DEPARTMENT 21a EXTERNAL CAUSE WAS 216 TIME OF INJURY 21c HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART | OR PART 2) HOUR A.M. MONTH BAY XXX UNDERLYING subject found strangled CONTRIBUTING CAUSE OF DEATH 211 LOCATION 71e PLACE OF INJURY 4931 Todd Avenue "Balltimore, Maryland WHILE AT WORK apartment 22a. I certify that I took charge of the remains described above, held an Inspection and in my opinian Hamicide XX death resulted fram: Natural causes Suicide Undetermined manner TITLE (SPECIFY) SIGNED 6-24-82 SIGNATURE EXAMINER'S NAME Margarita 111 Penn Street (TYPE OR PRINT) 23a BURIAL, CREMATION, REMOVAL 23b. DATE 23d LOCATION 6/29/82 Burial King Memorial Park Baltimore Co., Maryland 24 FUNERAL DIRECTOR 25a. DATE REC'D. BY REGISTRAR DHANH . 17 Wm. C.March F/H, Inc. 1101 E. North Avenue (VR A15 ME (5)) 20M 4/82



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may v	2 - 3 - 380 p 12 mg		

1101 E. North Ave.

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE 矣

CERTIFICATE OF DEATH

REG. NO

IF UNDER 1 YEAR

INDUSTRY

YES M

COUNTY

22c. DATE SIGNED

STATE

STATE

MD

126 KIND OF BUSINESS OR

2ª DATE OF DEATH MONTH

- STATE

TYPE OR PRINTS

I. DECEASED NAME

24 FUNERAL DIRECTOR

Wm. C. March F/H

DHMH - 16 50M 1/81

(VRA 15, 4)

REGISTRAR

A WAS TO AND THE ARE THE AREA

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

1-	FOR STATE REGISTRAR		DEPARTM		EALTH AND MI		IENE 8 2	NO.	5 (7 3
	EASED NAME FIRST		MIDDLE		AST	7	20 DATE OF DEATH	MONTH	DAY YEAR	2h HOUR
	Arc	hie 1		John	son		June	16. 1	982	
3 SEX		4 RACE		5. DATE C			6 AGE (IN YEARS LAST	BIRTHDAY)	IF UNDER LYEA	
10	Male	Bla	ack	11	1 DAY	16	65	YRS	MONTHS DATS	HOURS MIN
30	ND		WHAT COUNTRY?	MARRIE WIDOWE	D NEVER MA	ARRIED D	9. BALTIMORE CITY Balti			M
Ba	or town of DEATH	716 N	HOSPITAL, NURSING HEACILITY, GIVE STREET A LEWINGTO	n Av		UTION	12a USUAL OCCUP. (TYPE OF WORK FOR MO:		12b. KIND INDUSTRY	OF BUSINESS OF
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16a W/	AS DECEASED EVER IN U.S	ARMED FORCES? GIVE WAR OR DATES)	16h SOCIAL SECUR 286-18-		Dorot		nox 716	Newin	gton .	Avenue
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	gave rise to immediate cause (a), stating the underlying cause last	DUE TO, O	r as a consequen	NCE OF						
	PART 2 OTHER SIGNIFICAT	nt conditions <u>co</u>	ONTRIBUTING TO D	EATH BUT	NOT RELATED TO	O THE TERM	INAL DISEASE OR CO	ONDITION GI	VEN IN PART 1	lia ¹
RTIFIC	90 DATE OF OPERATION		ITION FOR WHICH (OPERATIO .	N WAS PERFORM	MED	200 AUTOPSY? YES □ NO ■	IN CERTI	S, WERE FIND IFYING CAUSE ES []	INGS USED ES OF DEATH?
	(IF EITHER NOTIFY MEDICAL EXAM	DEATH HOUR A.	FINJURY M. MONTH DA' M.	Y YEAR	21¢ HOW INJU	JRY OCCURR	RED (ENTER NATURE OF II	NJURY IN ITEM 18	PART 1 OR PART 2)	
ž.	WHILE NOT WHILE AT WORK	21e. PLACE (AT HOME STA	OF INJURY REET, FACTORY, OFFICE FA	RM ETC)	211 LOCATION STREET	1	CITY OR	IOWN	COUNTY	STATE
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1 7	III. SIONAIJI推。	1			DEGREE				776 DAT	E SIGNED

230 BURIAL, CREMATION, REMOVAL (SPECIFY) Burial

23b. DATE 6/21/82 23¢ NAME OF CEMETERY OR CREMATORY Md. Veteran Cem.

22e ADDRESS

ATTENDING PHYSICIAN

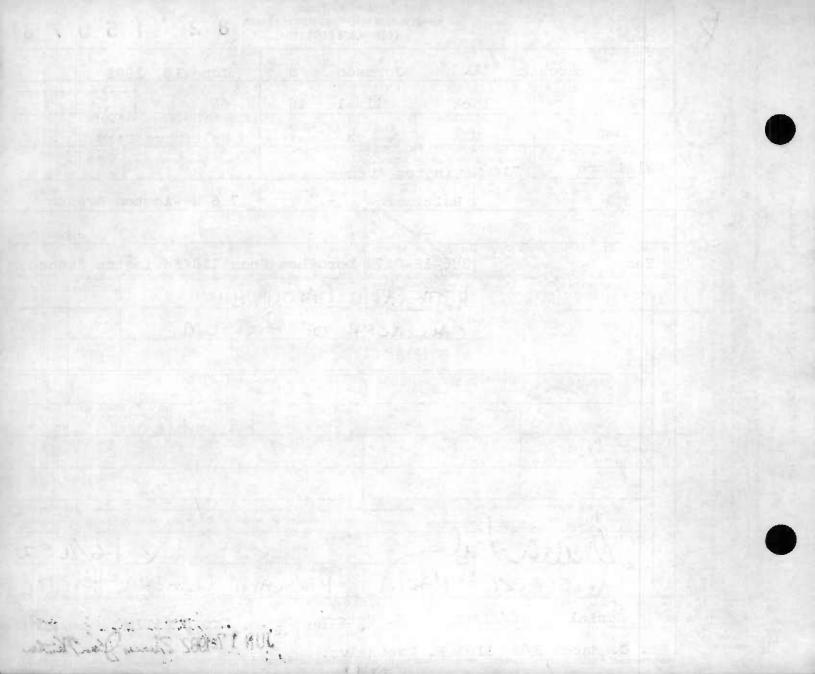
23d LOCATION

24 FUNERAL DIRECTOR Wm. C. March F/H

1101 E. North Aye.

Crownsville

DHMH - 16.50M 1/81 (VRA 15, 4)



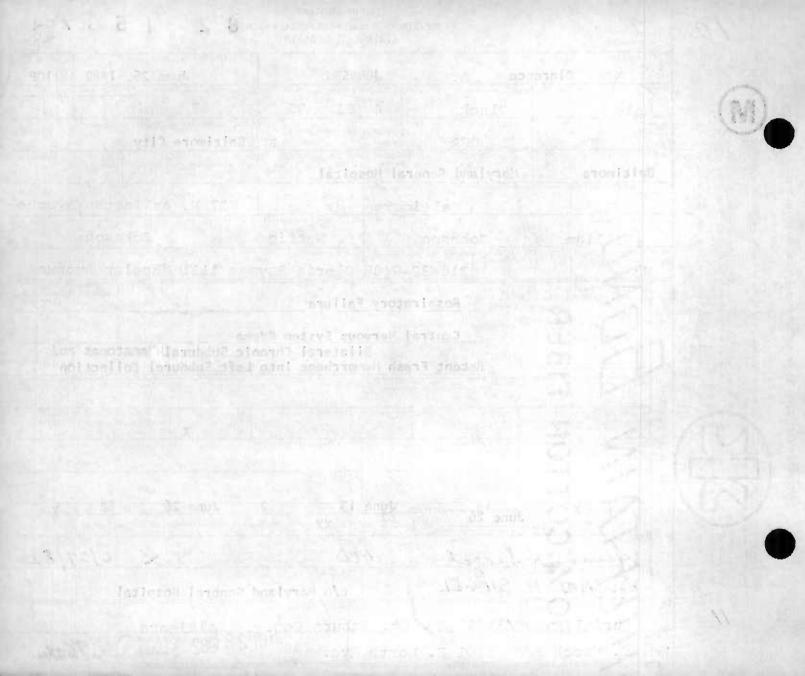
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CERTIFICATE OF DEATH

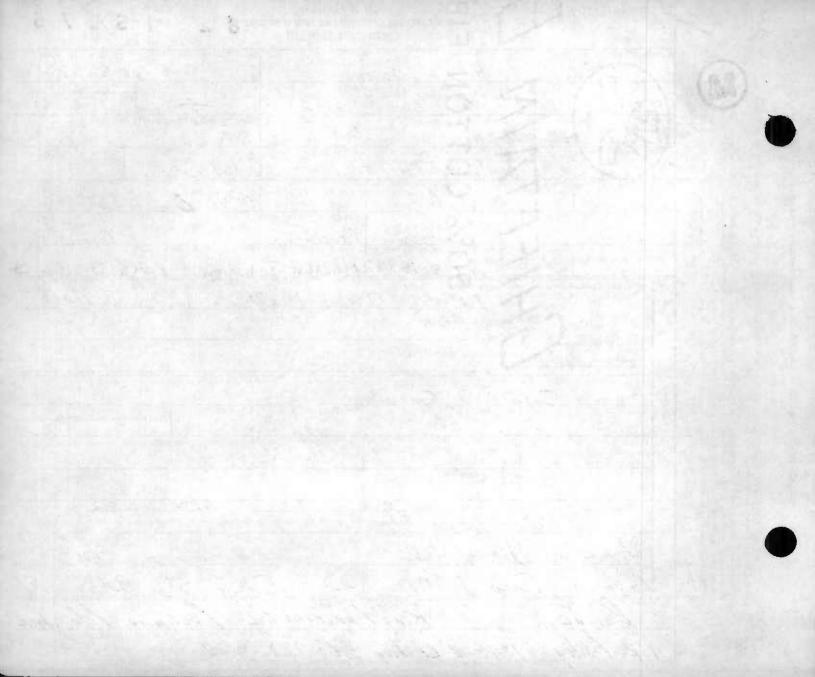
-	REGISTRAR		CERTITI	CAIL OI	PERIII	REG. !	NO.		
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	Clarer	nce A.	JOH	INSON		Jı	une 26,	1982	8:10P M
	3 SEX	4 RACE	5. DATE OF	BIRTH	YEAR	6 AGE (IN YEARS LAST B		FUNDER LYEAR	HOURS MIN
	Male	Black	4	21	95	87	YRS	DATS	HOURS ININ
10	To. BIRTHPLACE STATE OR FOREIGN	76 CITIZEN OF WHAT COUNTRY	? 8.	NIEVER	MARRIED -	9 BALTIMORE CITY	OR COUNTY	OF DEATH	
2	MD	USA	WIDOWED		NORCED X	Baltimore	e City		MD
3		11. NAME OF HOSPITAL, NURS		OTHER INS	TITUTION	12e USUAL OCCUPATION OF WORK FOR MOST			OF BUSINESS OR
	Baltimore	Maryland Gener	ral Hos	pital		TITPE OF WORK FOR MOST	OF WORKING (IFE)	INDUSTRY	
-	USUAL RESIDENCE (IF NURSING HOME OF IT 136 COUN			13d. INSIDE C	ITY HAUTS?	13e STREET ADDRESS			
1	MD	Balti		YES 🔀	NO 🗆	827 N.	Arlin	gton	Avenue
2	14 FATHER'S NAME FIRST	AIDDLE LAST		15. MOTHER	S MAIDEN NAM	MIDDLE .		LAS	
	William	Johnson		N	ettie	MIDDLE	Joh	nson	31
	160 WAS DECEASED EVER IN U.S. ARA	MED FORCES? 166 SOCIAL SEC	URITY NO	17 INFORM	ANT	ADDI	RESS		
	No No OR ONKNOWN) IF YES, GIVE	216-32	-9408	Glor	ia Sav	age 1111	Wheel	er Av	renue
	18 CAUSE OF DEATH (Enter onl	y one couse per line for (a), (b), o	ind (c)					BETWEEN	ONSET AND DEATH
	PART I. DEATH WAS CAUSED	ECAUSE (o) Respir	atory I	ailur	е				
-	4321	DUE TO, OR AS A CONSEQU	IENCE OF						
	Conditions, if any, which			ous Sy	stem Ede	ema		1500	
	gave rise to immediate cause (a), stating the	DUE TO, OR AS A CONSEQU					al Hema	tomas	and
	underlying couse lost	Recent Fr	esh Her	norrha	ge into	Left Subd	ural Co	lecti	on
	PART 2 OTHER SIGNIFICANT CO	ONDITIONS CONTRIBUTING TO							
	190 DATE OF OPERATION 210 ACCIDENT WAS UNDERLYING								
	190 DATE OF OPERATION	196 CONDITION FOR WHICH	H OPERATION	WAS PERFO	DRMED	20a AUTOPSY?		WERE FINDIN	
5	11					YES TO NOTX	YES	ING CAUSES	NO T
1	21a ACCIDENT WAS UNDERLYING	21b. TIME OF INJURY	NE VE VE	21c HOW IN	JURY OCCURRE	ED (ENTER NATURE OF IN)	URY IN ITEM IB PAR	RT 1 OR PART 2)	
	OR CONTRIBUTING CAUSE OF DEAT	HOUR A.M. MONTH E	DAY YEAR						
	OR CONTRIBUTING CAUSE OF DEAT	21e PLACE OF INJURY		211 LOCATIO					
	WHILE NOT WHILE AT WORK	JAT HOME, STREET FACTORY, OFFICE	FARM ETC)	STREE		CITY OR I	DWN	COUNTY	STAIE
	22a.1 certify that (X (this haspite	ol) attended the deceased from	June	13	19 82	June June	26 10	, 82	that (X (we) last
	sow the deceased plive on above. ()((we) (did) (a)(a)(a)(b)	June 26	82 one	that in XnX	(our) opinion d	eath occurred on the	date and hour		
	22b. SIGNATURE	New the body offer death.	D	EGREE				22c. DATE	SIGNED
	Sugan H	Level	p		ATTENDING PHYSICIAN	MEDICAL STA		6/2	7/87
	224 PHYSICIAN'S NAME (TYPE OR			22e ADDRES		7			11
	SUSAN H	1 SIEGEL		0/0	Maryland	d General	Hospita	1	
	23a BURIAL, CREMATION, REMOVAL	23b. DATE 23c.	NAME OF CE			23d LOCATION	позрте		
	(SPECIFY)	6/20/02	N/L 7			CITY OR TOWN		COUNTY	STATE

DHMH - 16 50M 1/81 (VRA 15, 4)

24 FUNERAL DIRECTOR
Wm. C. March F/H 1101 E. North Ave.



12	1 21	item 6 #0569 7/20/82 ph STATE OF MARYLAND
8	1	1 - STATE REGISTRAR DEPARTMENT OF HEALTH AND MENTAL HYGIENE 8 2 1 5 0 / 5
	/	REG. NO.
0	~	(1) OF CO POLICE
, yo	4	3 SEX 4 RACE S. DATE OF BIRTH 6. AGE (IN YEARS LAST BIRTHDAY) IF UNDER 1 YEAR IF UNDER 24 HUS
4 E	E./	MONTH DAY YEAR MONTHS DAYS HOURS MIN
e 60 0	1	Male BIRTHPLACE ISLALE OF FOREIGN UN CITIZEN OF WHAT COUNTRY A PRAITMORE CITY OF COUNTRY OF DEATH
4 /80	20	COUNTRYL MARRIED NEVER MARRIED I
deo deo	(E)	Pallmore Mol USN WIDOWED DIVORCED CTY MD. CITY OR TOWN OF DEATH 111. NAME OF HOSPITAL NURSING HOME OR OTHER INSTITUTION 1120 115114 OCCUPATION 120 KIND OF RUSINESS OR
the ffe	20	10 CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION (IF NOT IN SUCH FACILITY, GIVE STREET, DDRESS) 120 USUAL OCCUPATION (IF NOT IN SUCH FACILITY, GIVE STREET, DDRESS) (Type of Work for Most of Working Life) INDUSTRY
201 urs o	- P	Dallimore Cit. University Nospital School custodian
t how	3	130. STATE 136 COUNTY 136 COUNTY 136 COUNTY 136 CITY OR TOWN 136 INSIDE CITY LIMITS? 138 STREET ADDRESS.
ANI 24 III 24 III 24 III 24 III 3		Maryland Daltimore YES NO 1 2043 Orvision ST.
RYI with	200	14 FATHER'S NAME FIRST MIDDLE JAST FIRST MIDDLE LAST
M bed ted		Lesler Johnson Bentha Dixon
ORE xecu	medico	160 WAS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SECURITY NO. 17 INFORMANT ADDRESS (YES NO OR UNKNOWN) (IF YES, GIVE WAR OR DATES)
TIMO De ey	e	2/8-18-3110 MARTHA JOHNSON 2043 DIVISION J
BALTIMORE cote be execu	ovol.	18 CAUSE OF DEATH (Enter only one couse per line for to , (b), and ic PART I. DEATH WAS CAUSED BY: APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
ST.,	even	IMMEDIATE CAUSE (0) Me Tastatic Mucin producing Adenocarciaoma Dx 6/3/83
	oric	1991 DUE TO, OR AS A CONSEQUENCE OF
dea	fron Tour	Conditions, if ony, which (b)
W. PRESTON of the death of	nemon nemone	gove rise to immediate couse (o), stating the DUE TO, OR AS A CONSEQUENCE OF
201 W	ol, co	underlying couse lost (c)
	buri	PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110
ORD requ	or to	o Diservinated Intravascular Coaquiation
S be	Do bri	196 CONDITION FOR WHICH OPERATION WAS PERFORMED 206 AUTOPSY? 206. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH?
DIVISION OF VITAL RECORDS, NG PHYSICIAN: The low require otherding physicion. Offer this certificate has been signed the hundred physician.	Show	YES NO YES NO YES NO
F VIII	ET ®	AN CONTRACTOR OF STATE OF STAT
SICI Sici	0 = /	(IF EITHER NOTIFY MEDICAL EXAMINER) P.M. 19
SIOI PHY this	0 2 0	OKCONINGUING CAUSE OF DEATH IF EITHER NOTIFY MEDICAL EXAMINER) P.M. 19 216. INJURY OCCURRED 216. PLACE OF INJURY (AT HOME STREET FACTORY OFFICE FARM, ETC.) STREET CITY OR TOWN COUNTY STATE
NG NG the	th ong	ALWORK ALWORK
N IS A	Heol Is m	270 I certify that (I) (this hospital) attended the deceased from 6/16, 19 8 to 6/30, 19 8 that (I) (we) lost
Spite	of	obove, (I) (we) (did) (did not) wew the body, after death
o ho e ho	Dept.	276 SIGNATURE DEGREE 276 DATESIGNED
Y th Y th RAL		Follower Softward MD ATTENDING MEDICAL STAFF 6/30/82
HOSPITAL ned by the FUNERAL	RTAP	270 PHYSICIAN'S NAME (TYPE OR PRINT)
D HC troine	MPORTANT:	Kawrence Coldkind NV) 23. Gepne St. Baltimore Med
11/9 7	A 3 S	230 BURIAL, CREMATION, REMOVAL 236. DATE 234 MANE OF CEMPTERY OR CREMATORY 23d LOCATION
403BP		BUSIAL KING PROPERTING PARTIES
DHMH - 16 50		24 FUNERAL DIRECTO. BY REGISTRAR 256. REGISTRAR'S SIC ON DELL
(VRA 15	, 4)	1. E. Bailey 1348 N'Chilian St. JUL 6 1982 Cherces January



injury, or ath

IMPORTANT: If them 21 is marked or frem 18 shows

24 FUNERAL DIRECTOR

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FOR

STATE OF MARYLAND

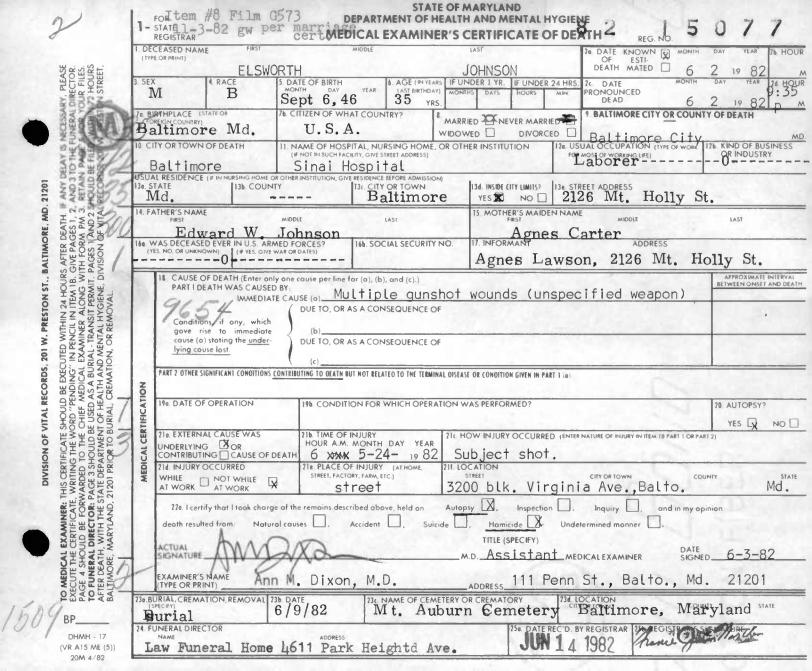
CERTIFICATE OF DEATH

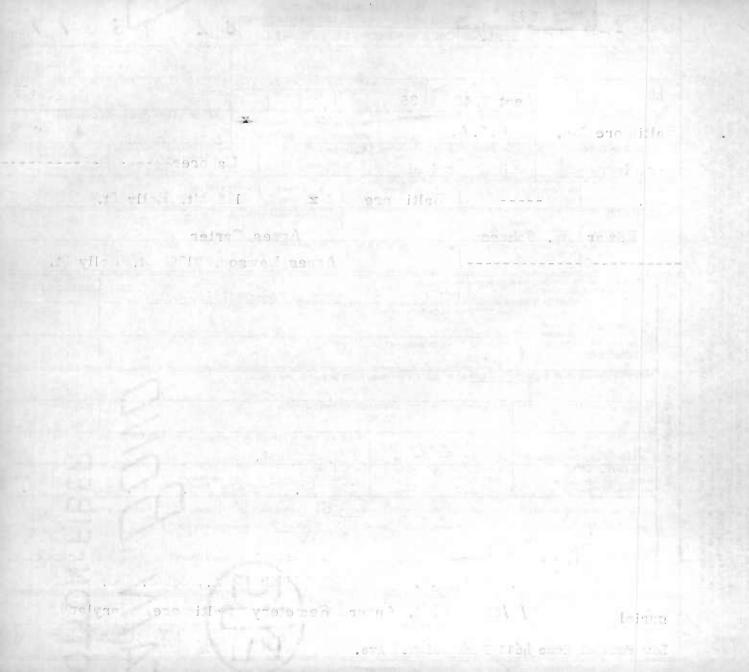
		REGISTRAR				CERTI	ICAIL OF	DEATH	REG. N	10.			
		CEASED NAME	FIRST	A	AIDDLE		LAST		20. DATE OF DEATH	MONTH	DAY	YEAR	26 HOUR
		EDW]			LIAM		NSON	SR.		6	6 1	1982	9:30P _M
	3. SE:	X		4. RACE		5 DATE O	OF BIRTH	YEAR	6 AGE (IN YEARS LAST B	RTHDAY)		DER I YEAR	IF UNDER 24 HRS.
	200	MALE		WHITE		2	26	1906	76	YRS	5		HOURS MIN.
1	T. BI	IRTHPLACE (STATE OR FO	REIGN	b. CITIZEN OF	WHAT COUNTRY	? 8 MARRIE	NEVER	MARRIED -	9 BALTIMORE CITY	OR COUN	TY OF	DEATH	
7		MARYL		U.S.	A	WIDOW		NORCED [BALTIMO	RE C	CITY	7	MD.
5		BALTIMORE	CIT	(IF NOT IN SUC SAI	OSPITAL, NURSI H FACILITY, GIVE STREE NT AGNE	T ADDRESS)	SPITAL	and the same	120 USUAL OCCUPAT (TYPE OF WORK FOR MOST MECH	OF WORKING	S LIFET IN	26 KIND OI NDUSTRY MTA	F BUSINESS OR
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5			BALT		WYNNEW		YES T	NO X	13e STREET ADDRESS	ER DR	TVE	212	27
		ATHER'S NAME						'S MAIDEN NAM		JIC 210	2,72	, 212	27
C	2	WILLIAM	N	R.	JOHNS	ON	0.0700	MARGARE'	MIDDLE			LAST TIT	CAS
		VAS DECEASED EVER IN		AED FORCES?	166. SOCIAL SEC		17 INFORM		ADDR	ESS	_	1,0	CAS
2	- 0	NO NO	(IF YES, GIVE	WAR OR DATES)	213-10-	0051	EDNA	M. JOHN	SON 1000 J	PLOVE	ER DI	RIVE.	21227
		18 CAUSE OF DEATH	Enter only	y one couse per	line for (o), (b) o	nd (c /		20	- 17	1			MATE INTERVAL DISET AND DEATH
		PART I. DEATH WA	S CAUSED	BY:	ande	/	uhy	Thru	in & km	-hi	will.	10)	THE PART DE ATT
		4100	MALDIAIL		Tell contents	16 de 100	1						
		Conditions, if ony,	, which	DUE TO OR	AS A GONSEOL	Lat.	W						
		gove rise to imme	ediote	100_				^	/)				
		couse (b), stating underlying couse	the lost	DUE TO, 96	ASA CONSPO	JENCE OF	up le	0	Japan	Z			
	NO	PART 2 OTHER SIGNI	FICANT CO	ONDITIONS CO	TRIBUTING TO	DE ATH BUT	PELATE	D TO THE TERMI	INAL DISEASE OR CON	DITION	GIVEN I	V PART 1:0	js.
0	CAT	190 DATE OF OPERATION	ON	196 CONDI	TION FOR WHICH	OPERATIO	N WAS PERFO	DRMED	200 AUTOPSY?	20b. IF Y	YES, WE	RE FINDIN	GS USED
7	CERTIFICATION	1000							YES TO NOT	IN CER	TIFYING	CAUSES	OF DEATH?
1	CER	21a ACCIDENT WAS UNDER	RLYING	216. TIME OF			21c HOW IN	NJURY OCCURR	ED (ENTER NATURE OF INJU	1		OR PART 2)	110
		OR CONTRIBUTING CA		HOUR A.A	A. MONTH D	AY YEAR	10000						
	MEDICAL	21d INJURY OCCURRE		21e. PLACE C		19.	21F LOCATE	ON					
	ME	WHILE AT WORK		(AT HOME STRE	ET, FACTORY, OFFICE	FARM ETC	STORE		CITY OR TO	IWN	(COUNTY	STATE
		22a I certify that (I) (t	his hospita	al) attended the	deceosed from	9	in	19 58	to 6/0		19 (72.	hor II i(we) lost
Ē	13	snw the decensed	nlue on	6/6/	5 10		nd that in my	(our) opinion d	leath occurred on the d	ote and h	our and		
e		above (Time) (did	(pid not)	Miew the bady t	offer death.		DEGREE					22c DATE S	
		Te	-	-61	Ha	19	mont	HENDING PHYSICIAN	MEDICAL STA	FF CIAN [6/-	1/82
		22d PHYSICIAN'S NAM	AE (TYPE OR	PRINT)	V	1	22e ADDRE			4 1			TO A POIL
		ЈОНИ С. Н					1311	FRANCIS	S AVENUE,	21227	,		
	(URIAL, CREMATION, RE	EMOVAL	23b. DATE	236	NAME OF C	EMETERY OR		23d LOCATION			JNIY	STATE
	1	BURIAL		06-10-	-82	LORR	AINE P	ARK	WOODLAWN	BAL	TIMO		MARYLAND

DHMH - 16 50M 1/B1 (VRA 15, 4)

21229 HUBBARD FUNERAL HOME, INC. 4107 WILKENS AVE. 256 DATE REC'D. BY REGISTRAR 256 REGISTRAR 256 DATE REC'D. BY REC'D. BY

THE THE MALL STREET, STATE 40E:P 13BI 3 - 180 A TOTAL OF A STREET OF A STREE William Targetting and the control of the control o TS THE PLANT THE TUBBLE HE ADDED TO THE PROPERTY OF THE PROPER





8	1	STATE REGISTRAR		DEPARTA		ALTH AND MENTAL HYG CATE OF DEATH	IENE 8 2	40	5 0	7 8
moy be poge 3		CEASED NAME FIRST FOR PRINT) JOSEPH	J	ohnson	LAS		20. DATE OF DEATH	MONTH DAY	YEAR 2	6 PM
ge 4	3 SE	M	4 RACE 7.3	(K	5. DATE OF	BIRTH DAY VEAR O D	6 AGE (IN YEARS LAST B	YRS.		HOURS MIN.
ter death. Po within 72 hou	1	IRTHPLACE ISTATE OR FOREIGN COUNTRY) ITY OR TOWN OF DEATH	4.5	WHAT COUNTRY?	WIDOWED	NEVER MARRIED DIVORCED DOTHER INSTITUTION	9 BALTIMORE CITY	city		MD.
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rLAND thin 24 is the filled ely filled is should		ATHER'S NAME	MIDDLE	13c CITY OR TOW	10	BI INSIDE CITY LIMITS? YES NO MOTHER'S MAIDEN NA/		Anli	ig for	. Ave
e executed win		WAS DECEASED EVER IN U.S. AR		166 SOCIAL SECU		7 INFORMANT	ADDI	RESS	Chb	150
f., BALTIMO	-	18 CAUSE OF DEATH (Enter or PART I. DEATH WAS CAUSE	nly one couse per		d (c···	Uman D	wis 600	25 Nov		Ave PA ATE INTERVAL SET AND DEATH
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ol W. PR		gove rise to immediate couse (a), stating the underlying couse last	101	SACONSEQUE		naemic			400	
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	CERTIFICATION	210. ACCIDENT WAS UNDERLYING	7 21b. TIME O			TIC HOW INJURY OCCURR	YES NO	IN CERTIFY II	NG CAUSES O	F DEATH?
HYSKILA HYSKILA Hyskila Hyding p Hyskila Hyski	MEDICAL (OR CONTRIBUTING CAUSE OF DE. (IF EITHER NOTIFY MEDICAL EXAMINED 21d INJURY OCCURRED	R) P.		19	II LOCATION	CITY OR 5		COUNTY	STATE
DIVISION PENDING POLICE PROPERTY OF THE PROPER	×	WHILE NOT WHILE	ital) attended th	e deceased from	51	2 19_17	_, to6)	1-5 19	82 the	ot (I) (we) lost
L OR ATTI the haspit t DIRECTO toched for toched for to Dept. of		sow the deceased alive an above, (I) (we) (did) (did no 22b. SIGNATURE			DE	GREE ATTENDING PHYSICIAN I	MEDICAL STA	A F F	224 DATE SI	
TO HOSPITAL retained by the TO FUNERAL should be det with the State		224 PHYSICIAN'S NAME (TYPE OF	OR PRINT)	AEEM		20 ADDRESS DO	IPhin S		alton	ND 21217
PD Bb Should be with I PD FI		BURIAL, CREMATION, REMOVAL (SPECIFY) BURIAL			IAME OF CEA	ALTERY OR CREMATORY	23d. LOCATION CITY OR TOWN	110	OUNTY	Md
DHMH - 16 50M 1/81 (VRA 15, 4)	24 F	Veryon R. &	Spiley	1348	N-C	2/how \$ 250,794	TO 1982	Pancas 2	P'S SIGNATUR	then

CITY AND THE STATE OF THE STATE

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE REGISTRAR DECEASED NAME 20 DATE KNOWN 26 HOUR OF ESTI-Michael Johnson 6 21 19 82 AGE (IN YEARS IF UNDER 1 YR. IE UNDER 24 HRS DATE YEAR LAST BIRTHDAY) MONTHS PRONOUNCED 19 82 18-30 DEAD 52 YRS 1. BALTIMORE CITY OR COUNTY OF DEATH To BIRTHPLACE (STATE OR MARRIED NEVER MARRIED FOREIGN COUNTRY Baltimore City DIVORCED WIDOWED FILED, 10 CITY OR TOWN OF DEATH 120 USUAL OCCUPATION (TYPE OF WORK 126 KIND OF BUSINESS 1). NAME OF HOSPITAL, NURSING HOME, OR OTHER INSTITUTION Baltimore City Hospital FOR MOST OF WORKING LIFE) OR INDUSTRY Baltimore SUAL RESIDENCE (IF IN NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) 13e. STREET ADDRESS 13a. STATE 13b. COUNTY 13LCITY OR TOW 13d. INSIDE CITY LIMITS? YES X 508 14. FATHER'S NAME 15. MOTHER'S MAIDEN NAME MIDDLE MIDDLE FIRS1 INFORMANT 160. WAS DECEASED EVER IN U.S. ARMED FORCES? ADDRESS DIVISION (YES, NO, OR UNKNOWN) I (IF YES, GIVE WAR OR DATES) 100 CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c),) BETWEEN ONSEL AND DEATH PART I DEATH WAS CAUSED BY Chronic Pancreatitis IMMEDIATE CAUSE (o). OR REMOVAL DUE TO, OR AS A CONSEQUENCE OF Canditions if any, which ED AS A BURIAL - TRAN HEALTH AND MENTAL gave rise to immediate cause (a) stating the under-DUE TO, OR AS A CONSEQUENCE OF lying cause last. CREMATION, PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO GEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (g) CERTIFICATION 190. DATE OF OPERATION 196. CONDITION FOR WHICH OPERATION WAS PERFORMED? USED OF HE 20 AUTOPSY? NOX YES 21a EXTERNAL CAUSE WAS 216 TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) HOUR A.M. MONTH DAY YEAR UNDERLYING MEDICAL CONTRIBUTING CAUSE OF DEATH TIE PLACE OF INJURY (AT HOME. 21f LOCATION STREET, FACTORY, FARM FTC 1 STREET CITY OR TOWN COUNTY STATE WHILE AT WORK AT WORK TO MEDICAL EXAMINER: 17
EXECUTE THE CERTIFICATE,
PAGE 4 SHOULD BE FORW
TO FUNERAL DIRECTOR: PAFIER DEATH, WITH THE ST,
BALTIMORE, MARYLAND, 2 Inspection 72s. Fcertify that I too Autopsy and in my apinian Hamicide Undetermined manner death resulted from TITLE (SPECIFY) Depty 111 Penn St., Baltol, Md. 21201 Smith, M.D EXAMINER'S NAME Thomas D. (TYPE OR PRINT) **ADDRESS** 230. BURIAL, CREMATION, REMOVAL 236. DATE 23c. NAME OF CEMETERY OR CREMATORY **DHMH - 17** (VR A15 ME (5)) 20M 4/82

N. L. C. T. S. S. Sall S. Brook Carbin St. Partier. Losi Losi The same of the P

		STATE OF MARYLAND													
	7		FOR STATE	DEPARTMENT OF HEALTH AND MENTAL HYGIENE 2 1 5 0 8 0											
			REGISTRAR	MEDICAL EXAMINER'S CERTIFICATE OF DEATH REG. NO.											
			CEASED NAME E OR PRINT)								HINOM	DAY YEAR	25 HOUR		
	New St.		,	Melvi	ın	J			Johnson	, Sr DE	ATH MATED	□ 6	16 19 82	M	
	多品品	3 SE)	4 RAC		DATE OF BIRTH	YEAR	6 AGE (IN YE	ARS IF UN	DER 1 YR. IF UNDER		DATE	MONTH	DAY YEAR	2d HOUR	
	TO NEW YORK	M	ale B	lack	4 16	39	42	RS. MONTH	S DAYS HOURS		NOUNCED DEAD	6	16,82	4:52A	
	SE SES		RTHPLACE (STATE OR REIGN COUNTRY)			EN OF WHAT COUNTRY?		8. MARRIED X NEVER MARRIED 7 BALTIMORE CITY OR COUNTY					Y OF DEATH		
	A BENEFIT	1	MD			SA		WIDOW					e City MD		
	20世紀 20世紀 20世紀 20世紀 20世紀 20世紀 20世紀 20世紀	10. CI	TY OR TOWN OF DEA	TH 11	11. NAME OF HOSPITAL, NURSING HOME, OR OTHER INSTITUTION (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS). 12a. USUAL OCCUPATION (TYPE OF WORKING LIFE) FOR MOST OF WORKING LIFE)										
	SEFE		Baltimor	more 4543		arbl	e Hall	Road	d FOR MOST OF WORKING (IFE)				OK HADOSIKI		
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21201	A PROCESS AND A	130 3	MD	138 COUNTY			Timo		YES X NO	13e. STREET A	Marb:	le Ha	11 Rd.		
WD.	MTAL IF	14 FA	THER'S NAME					15. MOTHER'S MAIDEN NAME							
E, A		1 2	lbert	N		nson							homas		
WO		16e. V	AS DECEASED EVER		RMED FORCES? 166. SOCIAL SE										
BALTIMORE,	~ ~ ≥ · · □	No	ES, NO, OR UNKNOWN)	(IF YES, GIVE WAR	RORDATES	216	-34-2	2529	Margare	t John	nson 45	543 M	arble	Hall	
			18 CAUSE OF DEAT	H (Enter only o	one couse per line t	or (o) (b)	and (c)						APPROXIMAT BETWEEN ONS	E INTERVAL	
PRESTON ST.	24 HOUR ITEM 18. LONG W PERMIT. GIENE, D		PARTIDEATH WAS CAUSED BY: Arteriosclerotic cardiovascular disease											I AND DEATH	
0	24 P P P P P P P P P P P P P P P P P P P		4270	DAMEDIA IE	DUE TO, OR	AS A CONS	SEQUENCE	OF							
8 A	ANS KEA		Conditions, if a		(b)										
	AN AN AN AN AN AN AN AN AN AN AN AN AN A		couse (a) stating		DUE TO, OR	AS A CONS	EQUENCE	OF			3 4 7				
201 W.	ON WEEKA		lying couse lost.		(c)										
DS,			PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (g).												
RECORDS		NO.													
		CERTIFICATION	19a. DATE OF OPERA	TION	196. CONDITION FOR WHICH OPERATION WAS PERFORMED?							20 AUTOPSY	?		
DIVISION OF VITAL		F											YES XX	NO	
7-0	NEN O B	H	21a. EXTERNAL CAU		216 TIME OF INJURY HOUR A.M. MONTH DAY YEAR				W INJURY OCCURRED LENTER NATURE OF INJURY IN ITEM 18 PART I OR PART						
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ā	E, WRII RWARD RWARD PAGE STATE (, 21201	2	AT WORK AT W	ORK	JINEST, FACTO	201, 1 200m, E11			INCE	CIII	OKTOWN	COU	NIT	JIAIE	
	RE TH. VRW/NRW/		22a Lectify that I took charge of the remains described above, held on Autopsy XXI. Inspection . Inquiry . and in my opinion												
	EXAMINER: ECERTIFICATE DULD BE FOR H, WITH THE S MARYLAND,		death resulted from		couses XX,	Accident		icide	Homicide .	Undetermin					
	CAN IREC MITH ARYI		J.		AA.	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		icide []	TITLE (SPECIFY)	0110010111111					
	A LOCAL		ACTUAL SIGNATURE	lama_	- Z Dal	an		AA	Assistant	MEDICAL	EY A AA INIED	DATE	6/16	5/82	
	SEA SEA			0											
	THE THE PERSON		EXAMINER'S NAME Virginia L. Dolan, M.D. ADDRESS 111 Penn Street, Baltimore, MD 21201												
110	TO MEDICAL EXAMINER EXECUTE THE CERTIFICAT PAGE 4 SHOULD BE FOR TO FUNERAL DIRECTOR AFTER DEATH, WITH THE BALTIMORE, MARYLAND	232 RURIAL CREMATION REMOVAL 235 DATE 222 NAME OF CEMETERY OF CREMATORY 236 LOCATION												TATE	
1-13	BP	1	Burial	6	/19/22	Aı	butu	s Me	m. Pk.		timore			MD	
1101	DHMH - 17	24 F	UNERAL DIRECTOR		1 02				25a. DATE	REC'D BY REG	STRAR 256 REC	SISTRAL	GNATURE	*	
	(VR A15 ME (5))	W	m. C. Ma:	rch F/	H 110:	1 E.	Nort	h Av	e.	ן ד אול	SOL CAL	new of	an/kil	7ch	
	20M 4/82	-													

of the Control of the

	1	Items 18b.		STATE OF MARYLAND	MANUEL NEW YORK	
3	1	FOR 7-12-82 AT REGISTRAR	L D	EPARTMENT OF HEALTH AND MENTAL CERTIFICATE OF DEATH	0 4	15081
		CEASED NAME FIRST	WIOOFE	LAST	REG. NO. 20 DATE OF DEATH MO	NTH DAY YEAR 26 HOUR
1 75	11111	Phy (us	Johnson	(20:11 58 P c
	3.58		4. RACE	5 DATE OF BIRTH	6 AGE (IN YEARS LAST BIRTHD	AY) IF UNDER 1 YEAR IF UNDER 24 H
(184)		remale	Black	MONTH DAY YEAR	55	YRS DAYS HOURS M
The state of	13	INTHPLACE STATE OF FOREIGN	76 CITIZEN OF WHAT COL	JNTRY? 8 MARRIED NEVER MARRIED	9 BALTIMORE CITY OR C	OUNTY OF DEATH
	6	9/10, md.	U.3.H.	WIDOWED DIVORCED	- cary	
4 23 21-	110 0	Baut.	(IF NOT IN SUCH FACILITY, G	NURSING HOME OR OTHER INSTITUTION NE STREET ADDRESS)	LITYRE OF WORK FOR MOST OF W	PRING HEEL INDUSTRY
4 4 7	USU	AL RESIDENCE (IF NURSING HOME OF		ICE BEFORE ADMISSIONS	Homemal	
1 19 D	130	Ma 136 COUR	NTY 13c. CITY (DR TOWN 13d INSIDE CITY LIMIT		1
4 42	14. F	ATHERIS NAME		YES NO I	NNAME	Larguesod St
b ald m 3 00		HArald	MIDDLE HODS	Bricks Eds	MIDDLE	Bunder
2 C C		WAS DECEASED EVER IN U.S. AR	RMED FORCES? THE SALE	AL SECURITY NO. 12 INFORMANT	ADDRESS	0.
n ond		NO	2/2	-26 8546 Mr. Mel	VIN JOHNSON	2227x Longwood
rtificate I physicia angopers emayal.		18 CAUSE OF DEATH (Enter or	nly one couse per line for to	(b), and (c)		MTWEEN COOKS AND DEA
ertificating physical popularies of the properties	PART I. DEATH WAS CAUSE		spir arrest			
o di o		2/62	DUE TO, OR AS A CO	NSEQUENCE OF Stage Ren	al Disease	
the deat the atten remove c emation, er troum:		Conditions, if any, which gave rise to immediate	(b) ES!	So mu peage wen		
t tere		couse (0), stating the underlying couse last	DUETO, OR AS A CO	NSEQUENCE OF accolosis		Will All Fire
pled uria		PART 2 OTHER SIGNIFICANT		NG TO DEATH BUT NOT RELATED TO THE	TERMINAL DISEASE OF CONDIT	ON GIVEN IN PART 1
n sign Then to by	Z O		201011010 2011110011	ON TOTAL PORTE	TERMINAL DISEASE ON CONDI	ON ONE WIN AND THE
aw re been mut. I prior	CERTIFICATION	190 DATE OF OPERATION	196 CONDITION FOR	WHICH OPERATION WAS PERFORMED		DE IF YES, WERE FINDINGS USED CERTIFYING CAUSES OF DEATH?
The louisit per raise has shows	FIE				YES NO	YES NO
Z Z S S S S S S S S S S S S S S S S S S		210 ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DE		TH DAY YEAR	CCURRED (ENTER NATURE OF INJURY IN	ITEM 18 PART OR PART 2)
SICIA certif certif certif certif hental	MEDICAL	LIF EITHER NOTIFY MEDICAL EXAMINER	R) P.M.	19		
	MED	21d INJURY OCCURRED	21e PLACE OF INJURY (AT HOME STREET, FACTORY		CITY OR TOWN	COUNTY STATE
ENDING Planter of or other through the other orders the Health and is marked		AT WORK NOT WHILE AT WORK		from 5 20 10	25 /2	19 19 8 c that (1) (we)
7 2 0 0 0		220.1 certify that (I) (this hospitation saw the deceased alive on	619	19 8 and that in (my) (our) op	inion death occurred on the date	ond hour and from the causes stated
		above, (1) (we) (did) (did na 22h SIGNATURE	at) view the body after deat	DEGREE		226. DATE SIGNED
the Did the Di		(, >)Co(20.00	ATTENDI	NG MEDICAL STAFF	1 12/03
= 0	1	224 PHYSICIAN'S NAME (TYPE C	OR PRINT)	27# ADDRESS	AN DIRECTOR PHYSICIAL	101110=
HO Fuld th th		le-Ke	eller	Sine	Hosp	
of of with with the state of th	230.	BURIAL, CREMATION, SEMOVAL		23c NAME OF CEMETERY OR CREMATE	ORY 234 LOCATION	7
1/8P	1	Burial	6-12-82	Arbutus Memt	nt BATTO	COUNTY STATE
DHMH-16 50M 1/81	24 F	UNERAL DIRECTOR		DDB555	DATE REC D. BY REGISTRAR 256	REGISTRAR'S SIGNATURE
(VRA 15, 4) 23	W	ascph Like	155 22221	UNOND AUE.	MIN 1 5 1982	any Qualterthe

A Late the action of the second secon Ar. Andrew Ar. The distribute of the second o The second secretarity of the Dichold Second South States Burner Gerege from Court Alle Car The Les ple fill the series desired the series and the series are the series

Nilliam E. Johnson 8521 Loch Raven Blyd

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE 🙊

CERTIFICATE OF DEATH

REG NO

76 HOUR

176. KIND OF BUSINESS OR

APPROXIMATE INTERVAL

STATE

mura

:40P

IF LINDER 24 HRS

82

IF UNDER 1 YEAR

INDUSTRY

20 DATE OF DEATH

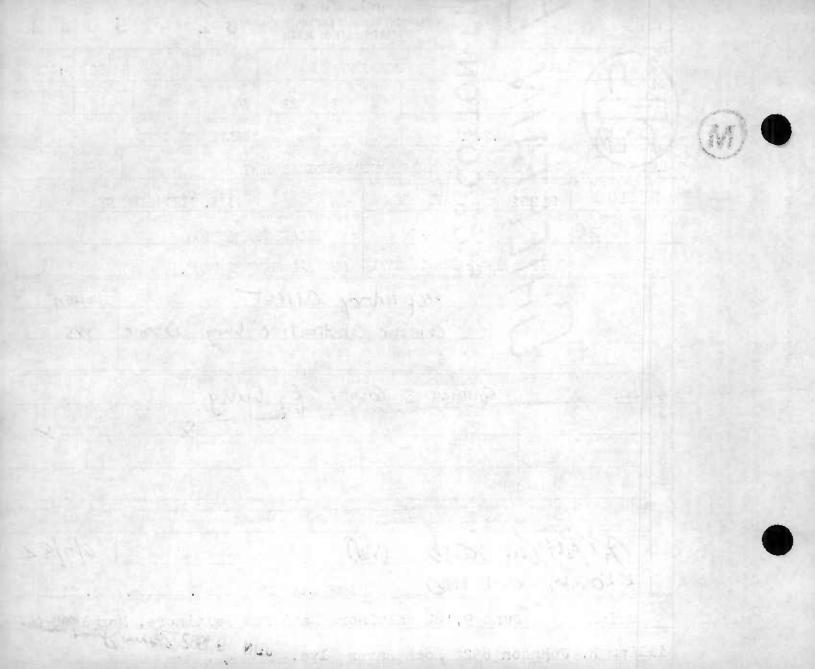
FOR - STATE

1. DECEASED NAME

REGISTRAR

DHMH - 16 50M 1/81 (VRA 15, 4)

24 FUNERAL DIRECTOR



,	1			STAT	E OF MARYLAND		
6	1.	FOR STATE REGISTRAR	Di		ELALTH AND MENTAL HY	GIENE 8 2 PREG. NO.	5 0 8 3
		CEASED NAME FIRST	WIDOLE		LAST	20 DATE OF DEATH MONTH	DAY YEAR 26 HOUR
pe 3	(TYP)	Sadie	F.	5	phasen	6	9 82 7 30 1
you moy	3 SE	X	4 RACE	5 DATE		6. AGE (IN YEARS LAST BIRTHDAY)	IF UNDER 1 YEAR IF UNDER 24 HRS
Po (M)		Female	Black	MONT	9 1912	70 YRS	
# # P	70 B	anyland	76 CITIZEN OF WHAT COL	MARRIE	D NEVER MARRIED	9. BALTIMORE CITY OR COUN	
ob returned by	10 C	ITY OR TOWN OF DEATH	11. NAME OF HOSPITAL,	NURSING HOME		Baltimore	126 KIND OF BUSINESS OR
201 Softe		Balto.	TL Death	VE STREET ADDRESS) .	1 12 . 1	Retired	
21: hou hou	13a	AL RESIDENCE (IF NURSING HOME OF	ROTHER INSTITUTION GIVE RESIDEN	ICE BEFORE ADMISSIONS	13d INSIDE CITY LIMITS?	13e STREET ADDRESS	
MARYLAND 24 h mpletely filled and 2 should 1		Md.	Bal	TO.	YES NO	1000 Ashbur	cton St.
RYLL orthur 2 sh	14. F/	ATHER'S NAME	WIDDLE	AST	15. MOTHER'S MAIDEN NA	ME	
MAR whole	2	Grant	Johnson	A31	Sarah	Johnson	LAST
		VAS DECEASED EVER IN U.S. AF	RMED FORCES? 166 SOCIA	AL SECURITY NO.	17 INFORMANT	ADDRESS	
BALTIMORE, cote be execut bysicion and coppers. Pages 1 val. 1, the medical	- (YES NO OR UNKNOWN) (IF YES, GI	VE WAR OR DATES)	76-0985	Dorthea F	Ross 1000 Ashb	ourton St.
3ALT one b one b one b one b one b one b one b one col.		18 CAUSE OF DEATH Enter or	nly ane cause per line for (a).	, (b), and (c)			APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
T. ph	13	PART I. DEATH WAS CAUSE	ED BY. ITE CAUSE (a) Acc	troscl	erosis un	bt Chronic	
		4419	DUE TO, OR AS A COM	NSEQUENCE OF			
he death and the death and the ottending move corb motion. Or a troumatic	12	Conditions, if any, which	(b)	Brown	, Synon	rome	
		gave rise to immediate cause (a), stating the	DUE TO, OR AS A COM	NISEOUIENICE OF			
that that d by d by creose ol, creor or other		underlying cause last	(M	ich b	e Deant	ritui	
S es	7	PART 2. OTHER SIGNIFICANT	CONDITIONS CONTRIBUTIN	NG TO DEATH BUT	NOT RELATED TO THE TERM	AINAL DISEASE OR CONDITION G	IVEN IN PART 1/a
required to the state of the st	ē.						
REC.	CERTIFICATION	190 DATE OF OPERATION	196 CONDITION FOR	WHICH OPERATIO	N WAS PERFORMED	IN CERT	ES, WERE FINDINGS USED TIFYING CAUSES OF DEATH?
VITAL NN: The hysicior icote hyporet physicior Hypere Hypere 118 shov	RT	71g. ACCIDENT WAS UNDERLYING	216. TIME OF INJURY		Tat. How hillion a sour		YES NO
PHYSICIAN: T ending physic this certificate the burial-trons and Mental Hyg dor frem 18 sh		OR CONTRIBUTING CAUSE OF DE		TH DAY YEAR	ZIE HOW INJURY OCCUR	RED (ENTER NATURE OF INJURY IN ITEM 16	3 PART I OR PART 2)
ON OF HYSICIA dring ph is certifi burriol-th Mentol	O	(IF EITHER NOTIFY MEDICAL EXAMINE		19			
71SION C	MEDICAL	21d. INJURY OCCURRED	21e PLACE OF INJURY	OFFICE FARM ETC)	211 LOCATION	CITY OR TOWN	COUNTY STATE
		AT WORK AT WORK					
Neolo o o o o o o o o o o o o o o o o o o		220-1 certify that (I) (this hosp			- 19 19	10 6-9	. 19_\$2, that (I) (we) lost
R ATTI hospit RECTC hed for tem 21	1		at) view the body after death	1.		death occurred on the date and hi	our and from the causes stated
0 0 0 0 0	100	27E SIGNATURE	0	0	ATTENDING	MEDICAL STAFF	22c. DATE SIGNED
TAL NY th RAL dete dete fote				/	ATTENDING PHYSICIAN	DIRECTOR PHYSICIAN	6/9/82
TO HOSPITAL		D.C. CALL	OR PRINT)		205 BAA	Blvd Glen	Burnie, 20061
5 5 5 4 x x	23a F	BURIAL, CREMATION, REMOVAL	123b DATE	23¢ NAME OF C	EMETERY OR CREMATORY	123d LOCATION	2001
1 0/RP	-	SPECIFY)			.Nat. Cem.	CITY OR TOWN	COUNTY STATE
604	24 FI	Urial INERAL DIRECTOR	6/14/82		25a DA1	Balto	The Rose and L
DHMH - 16 50M 1/81 (VRA 15, 4)	0	harles A. R	ice FSPA 13	300 Euta	IW P1	JN 15 1982	w familiale

S(4. K. 1912) Sen ive a reserve than the server has been . T. WAT TIGHT - 2003 F. A. LARCE OF HEILE - 17-5.5. The case of the ca FOR

- STATE

DHMH - 16 50M 1/81 (VRA 15, 4)

REGISTRAR

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE (CERTIFICATE OF DEATH

Colora

Cecil

YES IT

2h HOUR

126 KIND OF BUSINESS OR

Chysler (Auto

APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH

HRS

NO IT

22¢ DATE SIGNED

11:03P

Funeral Home Rising Sun.

REG. NO

28

82

IF UNDER I YEAR

INDUSTRY

Hartsne

6 1 5 1 5 1 5 A PHONE REPORT OF THE PARTY OF only the day of the same at. no menorality of the state of t and it is seen the tone corpt V. Jones Rights Sun, ed. etely filled in by the funeral director 12 shauld be filed within 72 haurs of

and Mental Hygiene prior to burial, cremation,

marked or item 18 shows or

STATE OF MARYLAND FOR

STATE
REGISTRAR

DEPARTMENT OF HEALTH AND MENTAL HYGIENE & CERTIFICATE OF DEATH

			REG. NO.	
TYPE OR PRINTS	MIDDLE	LAST	20 DATE OF DEATH MON	TH DAY YEAR 26. HOUR
	ores R.	Jones	June 23,	1982 4:45P
3 SEX	4 RACE	5. DATE OF BIRTH	6. AGE (IN YEARS LAST BIRTHDAY	
Female	Black	12 12 32		YRS. DATS HOURS MIN.
70. BIRTHPLACE (STATE OR FOREIGN COUNTRY)	76 CITIZEN OF WHAT COL	INTRY? 8 MARRIED NEVER MARRI	9 BALTIMORE CITY OR CO	
MD	USA	WIDOWED X DIVORC	ED ☐ Baltimore	City
Baltimore	Maryland (General Hospital	ON 120 USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WOR	12b, KIND OF BUSINESS OR INDUSTRY
USUAL RESIDENCE (IF NURSING HOME 130 STATE 136 COL	OR OTHER INSTITUTION GIVE RESIDEN JNTY 136. CITY C		MITS? 13e. STREET ADDRESS	
MD		imore YES X NO		hton St.
4 FATHER'S NAME		IS. MOTHER'S MAIL	DEN NAME	
Clarence	Hal			Gray
(YES, NO OR UNKNOWN) (IF YES O	RMED FORCES? 166 SOCIA	AL SECURITY NO. 17 INFORMANT	ADDRESS	
No	216-	30-0791 Thelma	Gray 605 Parkv	yrth Ave.
PART I. DEATH WAS CAUS IMMEDI. Conditions, if ony, which	SED BY: Probab	ole Myocardial Info		APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
gove rise to immediate cause (a), stating the underlying couse last. PART 2 OTHER SIGNIFICANT	DUE TO, OR AS A CON	NSEQUENCE OF NG TO DEATH BUT NOT RELATED TO TH	HE TERMINAL DISEASE OR CONDITIO	ON GIVEN IN PART I 10
190 DATE OF OPERATION 210. ACCIDENT WAS UNDERLYING	196 CONDITION FOR	WHICH OPERATION WAS PERFORMED		IF YES, WERE FINDINGS USED CERTIFYING CAUSES OF DEATH? YES **
		TH DAY YEAR	OCCURRED (ENTER NATURE OF INJURY IN I	
OR CONTRIBUTING CAUSE OF D (IF EITHER NOTIFY MEDICAL EXAMIN 21d INJURY OCCURRED WHILE NOT WHILE AT WORK	21e. PLACE OF INJURY (AT HOME, STREET, FACTORY	OFFICE FARM ETC.) 211. LOCATION STREET	CITY OR TOWN	COUNTY STATE
220.1 certify that (X(this has saw the deceased alive above, (X we) (did	June 23	0.0	82 , to June 23 opinion death occurred on the date o	. 19 <u>82</u> , that (X (we) lost and hour and from the causes stated
226 SIGNATURE	7-70×	DEGREE ATTEN		226. DATE SIGNED 6/23/82
22d. PHYSICIAN'S NAME (TYPE	OR FRINT)	22e ADDRESS		
Huang-Ta Li			yland General Hos	pital
30 BURIAL, CREMATION, REMOVA		23c NAME OF CEMETERY OR CREMA		COUNTY
Burial	6/28/82	Baltimore Nat	'1 Baltimon	re COUNTY MDTATE

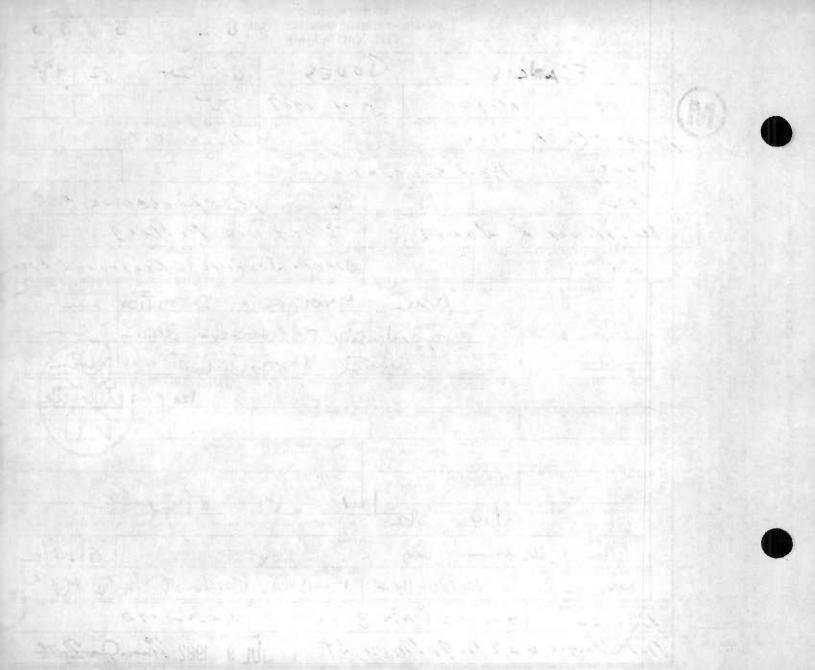
DHMH - 16 50M 1/B1 (VRA 15, 4)

TO FUNERAL DIRECTOR. Afre should be detached for use as with the State Dept of Health

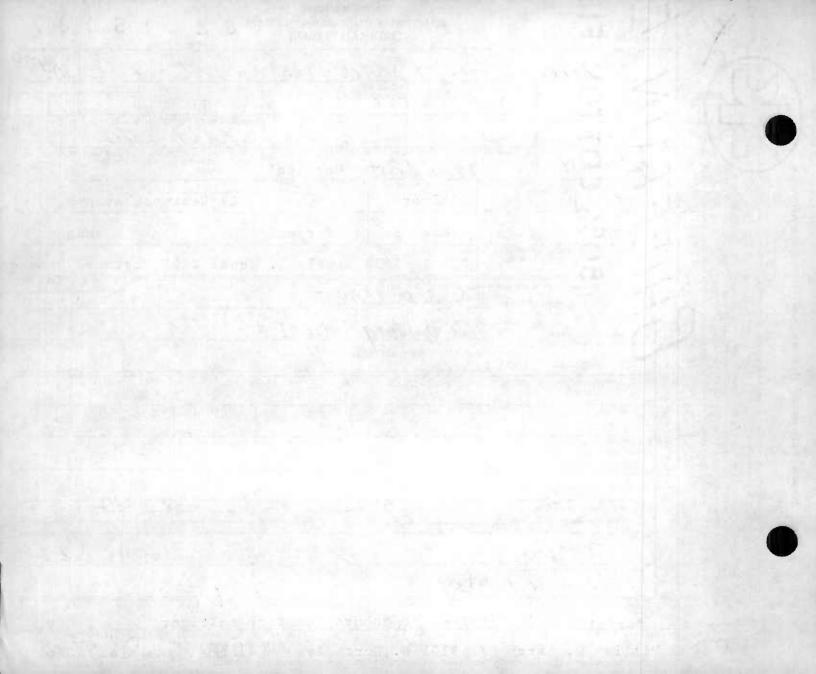
Wm. C. March F/H 1101 E. North Ave.

Baltimore JUN 2 8 1982

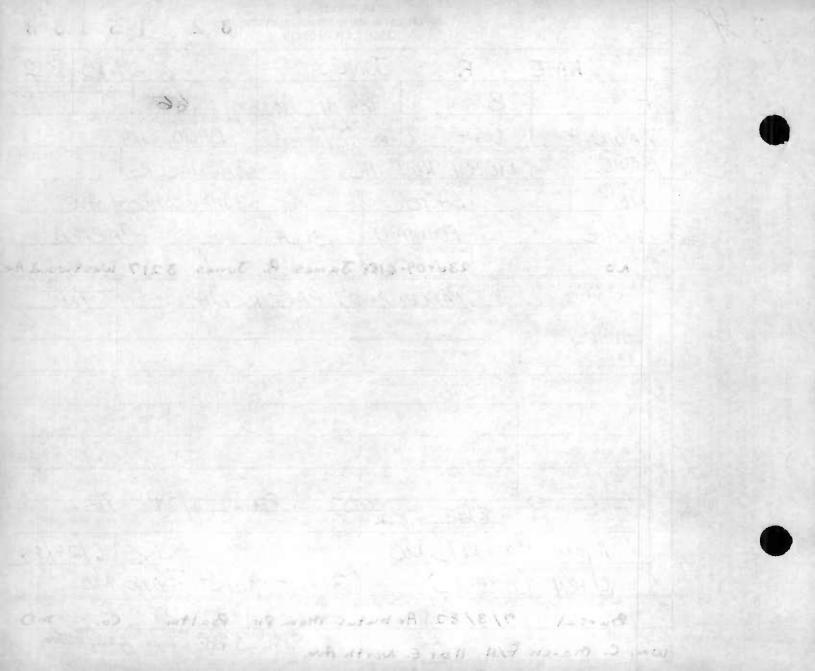
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- 76		CEASED NAME FIRST	,	MIDDLE	7	LAST		2a DATE OF DI	EATH MO	ONTH DA	Y YEAR	2b HOU	IR om
A 800		HENRI		J.	001	785 Jr	_	U	6	8	86	10	M
The state of the s	3 SE		4 RACE		S. DATE	DF BIRTH	AR	AGE (IN YEAR			UNDER I YEAR	IF UNDER	AIN.
		nale	blac		•3.	15 1	1		71	YRS.			
		RTHPLACE (STATE OR FOREIGN OUNTRY) N.C.	76 CITIZEN OF		MARRIE		ED 🗍	BALTIMORE	LT	MON	PEATH		MD,
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Filled in marificial	13m 5	AL RESIDENCE (IF NURSING HOME C TATE 13b. COU		GIVE RESIDENCE	BEFORE ADMISSION) TOWN MOTE	134 INSIDE CITY LIM		2 8 2 1 AD	DRESS Vest	book	Aven	ue	
MARYL ed without gred 2 st	14 F/	Henry	MIDDLE	Jon	es Sr	15 MOTHER'S MAID Misson			^1DDLE		You	n g	
N S S S S S S S S S S S S S S S S S S S	16a \	VAS DECEASED EVER IN U.S. A	RMED FORCES?		SECURITY NO.	17 INFORMANT			ADDRESS				
TIMO		(ES, NO OR NEW (IF YES, G	IVE WAR OR DATES)	225-	18-363	Bessie	L.	Jones	282	l Wes	twoo	d Av	enue
ins that the death certifiant by the attending place of the attending place of the attending place of the attending place of the attending place of the attending of the attendi		PART 2 OTHER SIGNIFICANT	DUE TO, O DUE TO, O DUE TO, O (c)	R AS A CON:	SEQUENCE OF	ANTES NOT RELATED TO TH		JAL DISEASE O	PR CONDIT	ION GIVEN	J IN PART 1		
RECORDS I law requy In been in perent. The III proc to:	FICATION	190 DATE OF OPERATION	196 COND	ITION FOR W	HICH OPERATIO	N WAS PERFORMED		20a AUTOPS	- 11	CERTIFY	WERE FINDE	S OF DEAT	TH?
# ## ### ### #########################	CERTI	210. ACCIDENT WAS UNDERLYING	21b. TIME C	E IN ILIRY		21¢ HOW INJURY O	OCCUBBE			YES	_	NO [
4 44 44 49	AL C	OR CONTRIBUTING CAUSE OF DE	HOUR A.	M. MONTH		THE HOW MOOKING	OCCORRE	D TENIER NATUR	E OF INJURY IF	TIEM IS PAR	ORPART 2)		
ON CONTRACTOR AND AND AND AND AND AND AND AND AND AND	Dic	(IF EITHER NOTIFY MEDICAL EXAMINE	P. 21e. PLACE		19	211 LOCATION							
N State of the sta	MED	NOT WHILE AT WORK	(AT HOME ST	REET, FACTORY, O	FFICE, FARM, ETC]	STREET		C	ITY OR TOWN		COUNTY	5	TATE
D NO THE STATE OF		220 I certify that the (this hose	Mal) attended th	e deceosed f		17-	82	to	6-8	. 19	82	that (I) (v	we) last
4 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1		abave, (I) (we) (did) (did n	n 6-8	after death	19 82.0	nd that in (my) (vr)	ppinion de	ath occurred o	n the date	and hour a	nd from the	causes sta	ated
Ched Ched		22b. SIGNATURE				DEGREE					1	SIGNED	
7 7 7 7 7	10	DWE	rule	U	/		CIAN [MEDICAL DIRECTOR	STAFF PHYSICIAI	100	16-6	7-87	2
HOSPIT med by FUNER old be d side Stu	18	224. PHYSICIAN'S NAME (TYPE		1601		22e ADDRESS	1:0	-0 -	111				
04 04 W	12	0. 1	W. DIM	LONY		12600	LIB	EKTY	III.	>.			
color.	230.3	LIPIAL CREMATION, REMOVA		0/0-		EMETERY OR CREMA		23d LOCATIO	OWN		COUNTY		TATE
DHMH - 16 50M 1/81	24 FU	Burial UNERAL DIRECTOR	0/1	2/82	nc Au	burn Ceme	250. DATE	REC'D. BY REG	ISTRARI2SH	REGISTAL	R'S SIGNA	TURE	
(VRA 15, 4)		vil iam C. Ma	arch F/	н 110	TE. N			10198	2 71	2000	Va. 9	Katha	



3.4	1.	FOR STATE REGISTRAR	STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE 8 2 1 5 0 8 8 CERTIFICATE OF DEATH
may be poge 3 er death		CEASED NAME FIRST KATE X	F. JONES 20 DATE OF DEATH MONTH DAY YEAR 25 HOUR 20 DATE OF DEATH MONTH DAY YEAR 25 HOUR 20 DATE OF DEATH MONTH DAY YEAR 25 HOUR 21 RACE 3. DATE OF BIRTH 4. RACE 3. DATE OF BIRTH 4. RACE 4. RACE 5. DATE OF BIRTH 6. AGE (IN YEARS LAST BIRTHDAY) 15 UNDER LYEAR 15 UNDER JYEAR 15 UN
age 4 rector.		F	B MONTH ON 11 16 66 YRS. MONTHS DATS HOURS MIN.
9	7a. B	RTHPLACE (STATE OR FOREIGN	Th CITIZEN OF WHAT COUNTRY? 8 MARRIED NEVER MARRIED 9 BALTIMORE CITY OF COUNTY OF DEATH WIDOWED DIVORCED BAUTO. CITY MD.
zol)0. C	3AUO.	11. NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION UF NOT INSUCH FACILITY, GIVE STREET ADDRESS! HER CHARLES THE STREET ADDRESS! HOW THE CHARLES THE STREET ADDRESS! HOW THE CHARLES THE STREET ADDRESS! HOW THE CHARLES THE STREET ADDRESS! HOW THE CHARLES THE STREET ADDRESS!
LAND 21 inn 24 hou hould be	13a	AL RESIDENCE (IF NURSING HOME OF STATE 136 COUP	136 INSIDE CITY LIMITS? 136 STREET ADDRESS. YES NO 136 STREET ADDRESS. YES NO 136 STREET ADDRESS.
MARYLAND red within 24 and 2 toolide		WULLE WULLE	FOUNTAIN FULL MODIE CARTER
BALTIMORE, cote be execut yscion into poers. one wol. with the medical into the medical int		VAS DECEASED EVER IN U.S. AR YES NO OR UNKNOWN) (IF YES, GIV	RMED FORCES? 166 SOCIAL SECURITY NO. 17 INFORMANT ADDRESS 1/2 WAR OR DATES) 236-09-6188 James R. Jones 3217 Westwood Au
ires that the death certificated by the attending phe burial, crematical, or remains, or remains, or cambrid, or auther troumatic every, or ather troumatic every.	7	Conditions, if any, which gove rise to immediate couse (a), stating the underlying cause last.	APPROXIMATE INTERVAL BETWEENOMSET AND DEATH DUE TO, OR AS A CONSEQUENCE OF (b) DUE TO, OR AS A CONSEQUENCE OF (c) CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART TIO
ITAL RECORDS The law requision. The law requision. The has been six permit. The yegiene prior to shows any injury.	CERTIFICATION	19a. Date of operation	196 CONDITION FOR WHICH OPERATION WAS PERFORMED 200 AUTOPSY? 206 IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? YES NO YES NO
IVISION OF VITA IG PHYSICIAN: T offending physici fer this certificate is the burial-transis and Mental Hygi ked or hem 18 sh	MEDICAL CE	218. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEA (IF EITHER NOTIFY MEDICAL EXAMINER 21d. INJURY OCCURRED WHILE ALWORK ALWORK	HOUR A.M. MONTH DAY YEAR
OR ATTEND e haspital a DIRECTOR. A ched for use Dept of Heal item 21 is m		22a. I certify that (I) (this haspi	Ot) view the body after death. DEGREE TO DATY-HONED
CO HOSPITAL retained by th. TO FUNERAL should be deta with the State IMPORTANT: If		DE PHYSICIALS NAME TO S	Cautle Mo. ATENDING MEDICAL STAFF PHYSICIAN DIRECTOR PHYSICIAN OF 129 ADDRESS 30/St. Paul St. Barto, MD.
40 CBP		SURIAL, CREMATION, REMOVAL SPECIFY BUTS al	236 DATE 236 NAME OF CEMETERY OR CREMATORY 234 LOCATION CITY OR TOWN COUNTY STATE
DHMH - 16 50M 1/81 (VRA 15, 4)		MANEC. March	P/H 1101 E. North Ave. 131 PATE RECID. 1982 Traces Jan Northen



DEPARTMENT OF HEALTH AND MENTAL HYGIEN STATE MEDICAL EXAMINER'S CERTIFICA REGISTRAR DECEASED NAME KNOWN Jones (TYPE OR PRINT) Larry Robert OF ESTI-6 3 SEX 4 RACE DATE OF BIRTH & AGE (IN YEARS IF UNDER TYR IF UNDER 24 HRS DATE 2d HOUR LAST BIRTHDAY PRONOUNCED 82 6:50P Black Male 8 26 54 To. BIRTHPLACE (STATE OR 76 CITIZEN OF WHAT COUNTRY? 9. BALTIMORE CITY OR COUNTY OF DEATH FOREIGN COUNTRY) MARRIED NEVER MARRIED X Baltimore MD USA DIVORCED 10. CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL NURSING HOME, OR OTHER INSTITUTION 120. USUAL OCCUPATION (TYPE OF WORK 12b. KIND OF BUSINESS 1304 N. Washington Street Baltimore SHOULD BE FALL RECORDS USUAL RESIDENCE LIF IN NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSIONI 13e STATE 13h COUNTY 13c CITY OR TOWN 13d. INSIDE CITY LIMITS? 13e STREET ADDRESS 1314 Washington St. YES X MD Baltimore NO [14 FATHER'S NAME 15 MOTHER'S MAIDEN NAME EMPST MIDDLE LAST MIDDLE T. PAGES 1 AND DIVISION OF VIT Casey Jones Daisy Shellev 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SECURITY NO 17 INFORMANT ADDRESS TYPE NO OR LINKNOWN No Daisy Spearsman 1418 N. Chester CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c).) APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH PART I DEATH WAS CAUSED BY: Stab wound of chest IMMEDIATE CAUSE (a) DUE TO, OR AS A CONSEQUENCE OF if ony, which gove rise to immediate couse (o) stoting the under-DUE TO, OR AS A CONSEQUENCE OF lying cause last PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO GEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (g) USED AS A B CERTIFICATION 190. DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED? 20 AUTOPSY? TO BURIAL, NO [PAGE 3 SHOULD BE STATE DEPARTMENT 21a. EXTERNAL CAUSE WAS TIME OF INJURY 21c HOW INJURY OCCURRED (ENTER NATURE OF SNJURY IN ITEM 18 PART 1 OR PART 2) UNDERLYING MEDICAL subject stabbed CONTRIBUTING CAUSE OF DEATH 21d INJURY OCCURRED 21e PLACE OF INJURY 211. LOCATION WHILE AT WORK front of 1304 N. Washington Street, Balto. MD street EXECUTE THE CERTIFICATE, V PAGE 4 SHOULD BE FORW TO FUNERAL DIRECTOR: PV AFIER DEATH, WITH THE STY BALTIMORE, MARYLAND, 2 XX 22. I certify that I took charge of the remains described above, held on Inspection death resulted from Hamicide XX Undetermined manner TITLE (SPECIFY) ACTUAL 6/2/82 Assistant SIGNATURE EXAMINER'S NAME Hormez R. Guard, M.D. 111 Penn Street, Baltimore, MD 21201 (TYPE OR PRINT) 230 BURIAL, CREMATION, REMOVAL 236 DATE 23c NAME OF CEMETERY OR CREMATORY 23d. LOCATION COUNTY 6/7/82 Mt. Auburn Cem Burial Baltimore 24 FUNERAL DIRECTOR 250. DATE REC'D. BY REGISTRAR **DHMH - 17** 1101 E. North Ave. C. March F/H VR ATS ME (5) 20M 4/B2

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STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE REGISTRAR REG. NO DECEASED NAME KNOWN [X MONTH 7h HOUR (TYPE OR PRINT) OF ESTI-19 82 18 6 DEATH MATED Marv Jones 4. RACE IF UNDER TYR 3 SEX 5. DATE OF BIRTH AGE (IN YEARS IF UNDER 24 HRS DATE MONTH LAST BIRTHDAY) PRONOUNCED 18 82 BLACK 1889 FEMALE 93 DEAD 19 9. BALTIMORE CITY OR COUNTY OF DEATH 70 BIRTHPLACE (STATE OR b. CITIZEN OF WHAT COUNTRY? MARRIED NEVER MARRIED NORTH CAROLINA US Baltimore City WIDOWED WX DIVORCED ES 1, 2, AND 3 TO THE COND 3. RETAIN PAGE NND 2 SHOULD BE FILED NUTAL RECORDS, 201 ID. CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL, NURSING HOME, OR OTHER INSTITUTION 12a USUAL OCCUPATION (TYPE OF WORK 12b. KIND OF BUSINESS OR INDUSTRY Edmondson Ave. Baltimore FOR MOST OF WORKING LIFE! USUAL RESIDENCE (IF IN NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) 130. STREET ADDRESS 1613 EDMONDSON AVENUE BALTIMORE 13d. INSIDE CITY LIMITS? 13b COUNTY MARYLAND YES XX 15. MOTHER'S MAIDEN NAME 14. FATHER'S NAME GIVE PAGES.

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PAGES I AND 2. MIDDLE UNKNOWN UNKNOWN 17 INFORMANT ADDRESS 160. WAS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SECURITY NO CHIEF MEDICAL EXAMINER ALONG WITH FOR USED AS A BURIAL-TRANSIT PERMIT. PAGES 1 OF HEALTH AND MENTAL HYGIENE, DIVISION IRAL, CREMATION, OR REMOVAL. (YES, NO, OR UNKNOWN) I (IF YES, GIVE WAR OR DATES) NO 4702 SPRINGDALE AVE. WALTER JONES APPROXIMATE INTERVAL CAUSE OF DEATH (Enter anly one cause per line far (a), (b), and (c).) RETWEEN ONSET AND DEATH PART I DEATH WAS CAUSED BY: Arteriosclerotic cardiovascular disease IMMEDIATE CAUSE (a) DUE TO, OR AS A CONSEQUENCE OF Canditians, if any, which gave rise to immediate cause (a) stating the under-DUE TO, OR AS A CONSEQUENCE OF lying cause last PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (a) CERTIFICATION INER: THIS CONTROLL

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DEPARTMENT OF HEALTH AND MENTAL HYGIENE

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6/17/82

Hubbard Funeral Home, Inc. 4107 Wilkens Ave.

STATE

I. DECEASED NAME

REGISTRAR

STATE OF MARYLAND

CERTIFICATE OF DEATH

Meadowridge Mem. Pk.

21229

Elkridge

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DEPARTMENT OF HEALTH AND MENTAL HYGIENE REG. NO 20. DATE OF DEATH MONTH 26 HOUR 005 & AGE TIN YEARS LAST BIRTHDAY IF UNDER 1 YEAR IF UNDER 24 HR BALTIMORE CITY OR COUNTY OF DEATH Assembly Line P Pressure Pack 269 Clyde Avenue 21227 Dorsey Ann ADDRESS 269 Clyde Avenue 21227 206 IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? NO [CITY OR TOWN COUNTY STATE and that in the course stated and the date and hour and from the causes stated STAFF 23d LOCATION

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DHMH - 16 50M 1/B1 (VRA 15, 4)

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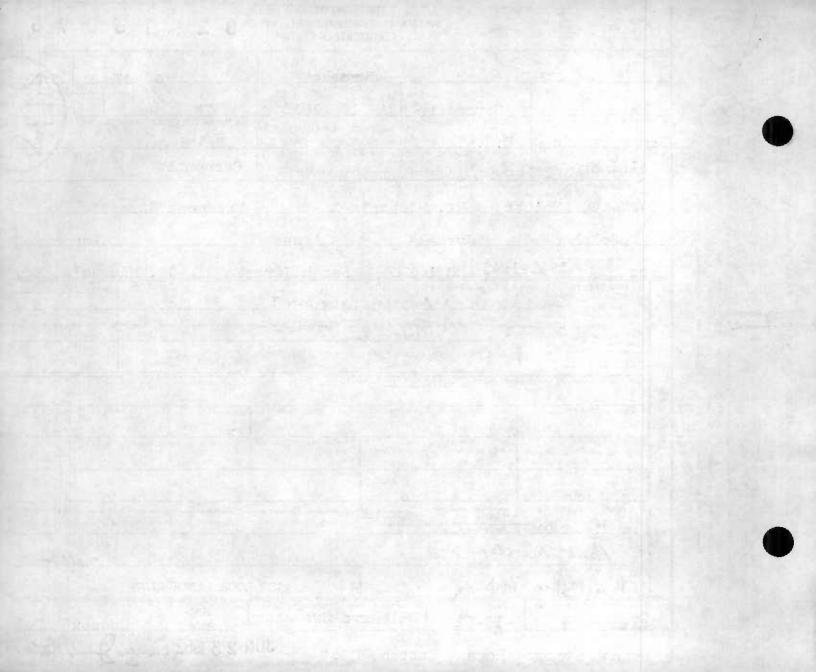
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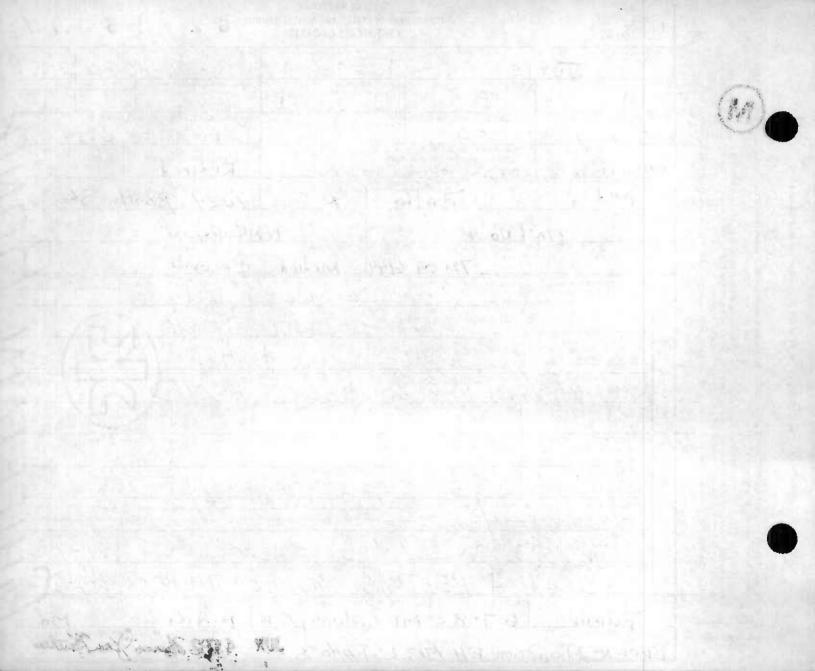
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PRESTON ST

DIVISION OF VITAL RECORDS, 201



DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE CERTIFICATE OF DEATH REGISTRAR REG. NO . DECEASED NAME MIDDLE 2a. DATE OF DEATH 2b. HOUE (TYPE OR PRINT) TUDIE -00 3. SEX 4. RACE 6 AGE (IN YEARS LAST BIRTHDAY) IF UNDER I YEAR IF UNDER 24 HRS 7g. BIRTHPLACE (STATE OR FOREIGN 7b. CITIZEN OF WHAT COUNTRY? BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED FORGIA WIDOWED DIVORCED 10 CITY OR TOWN OF DEATH NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION 12b. KIND OF BUSINESS OR (IF NOT IN SUCH FACILITY GIVE STREET ADDRESS) MOST OF WORKING LIFE INDUSTRY BALTIMOP Retire SECOURS HOSPITAL USUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION GIVE RESIDENCE BEFORE ADMISSION 13o. STATE 13b COUNTY 13d. INSIDE CITY LIMITS? I FATHER'S NAME 15. MOTHER'S MAIDEN NAME LAST 160 WAS DECEASED EVER IN TIS ARMED FORCES? 166 SOCIAL SECURITY NO 17. INFORMANT (YES, NO OR UNKNOWN) (IF YES, GIVE WAR OR DATES) APPROXIMATE INTERVAL 8 CAUSE OF DEATH (Enter only one couse per line for a (by and ic) PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (a) NSEQUENCE O Conditions, if ony, which gove rise to immediate couse (a), stating underlying couse PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISPASE OR CONDITION GIVEN IN PART 1(0) 196 CONDITION FOR WHICH OPERATION WAS PERFORMED 9a. DATE OF OPERATION 20b. IF YES, WERE FINDINGS USED 20a AUTOPSY? ă IN CERTIFYING CAUSES OF DEATH? NOF YES T NO F Hygu 21a. ACCIDENT WAS UNDERLYING 216. TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) 00 HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING TO CAUSE OF DEATH (IF EITHER NOTIFY MEDICAL EXAMINER) 21d. INJURY OCCURRED 21e. PLACE OF INJURY 211 LOCATION CITY OR TOWN COUNTY (AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.) STREET STATE orked NOT WHILE 220.1 certify that (1) (this haspital) attended the deceased from and that in (my) (our) opinion death accurred on the date and hour and from the causes stated the deceased alive and (1) (we) (did) (did na) view the body after death. 22: DATE SIGNE ATTENDING MEDICAL PHYSICIAN TERECTOR PHYSICIAN TAME (TYPE OR PRINT) Dd. PHYSICIAN' 22e. ADDRESS d b MPORT, 23a. BURIAL, CREMATION, REMOVAL 23b. DATE 23c. NAME OF CEMETERY OR CREMATORY 23d LOCATION COUNTY DHMH-16 30M 2/80 (VRA 15, 4)

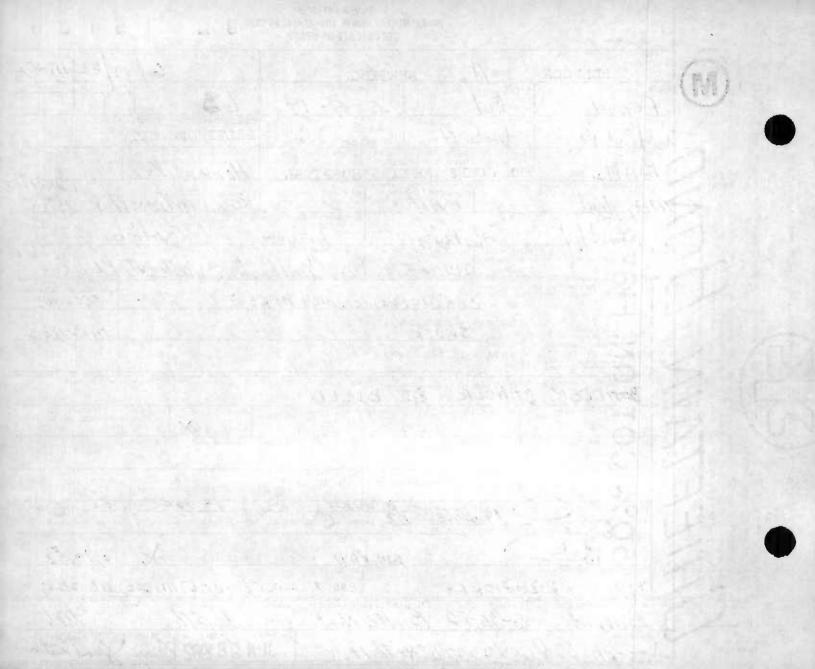


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(VRA 15, 4)	N	oseph Like	155 2532	Wi North	tue J	JN 28 1982	Panes	Jan / la	then



N	FOR STATE REGISTRAR	DEPARTMENT OF HEALTH AND MENTAL CERTIFICATE OF DEATH	HYGIENE 8 2 15101
2 24	DECEASED NAME FIRST TYPE OF PRINT) RICHARD JOSEPH	KEATING JR.	JUNE 5. 1982 11:41A
10 61	3 SEX	4 RACE 1 DAY OF HIRTH	6 AGE (IN YEARS LAST BIRTHDAY) IF UNDER 1 YEAR IF UNDER 24 HMS
at and at A	Male	Caucasian September 24, 19	73 YRS MONTHS DATS HOURS MIN
1 1 47	BIRTHPLACE (STATE OR FOREIGN COUNTRY) Washington, D.C	76 CITIZEN OF WHAT COUNTRY? 8	9 BALTIMORE CITY OR COUNTY OF DEATH
	0 CITY OR TOWN OF DEATH	11. NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION	12a USUAL OCCUPATION 12b KIND OF BUSINESS OR
5 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	Baltimore	3114 Ferndale Avenue	Salesman-Ret. Insurance
12 MO212	UAL RESIDENCE (IF NURSING HOME 3d STATE 13b COI Maryland	OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION)	
	4 FATHER'S NAME	15 MOTHER'S MAIDEN	NAME
* 1000	Richard Joseph	Keating, Sr. Margaret	Belle Davis
N 0 74 0 /	160. WAS DECEASED EVER IN U.S. A	IVE WAR OR DATES	ADDRESS
M 1 1 1 1 /	NO OR UNKNOWN) (IF YES.	A 197-10-4151A Earl B. K	eating, 3117 Ferndale Avenue
STON ST., BAI confl. centricate twenting physics to contemproper and commontal	PART I. DEATH WAS CAUS	anly ane cause per light a the angle but on a SED BY. ATE CAUSE (a) DUE TO, OR AS A CONSEQUENCE OF PORTON	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
is, 201 W. PRE over that the di great by the of the please emer- mandal creman	gave rise to immediate cause (a), stating the underlying cause last	DUE TO, OR AS A CONSEQUENCE OF (c) (C) (C) (C) (C) (C) (C) (C)	ERAHNAL DISEASE OR CONDITION GIVEN IN PART 1(a)
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BP	230 BURIAL CREMATION, REMOVA	6/9/82 Woodlawn Cemetery	Woodlawn Baltimore Md
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TO FUNERAL DIRECTOR. After this certificate has been signed by the atten should be detached for use as the burial-transit permit. Then please remave a with the State Dept, of Health and Mental Hygiene prior to burial, cremation,

O HOSPITAL OR ATTENDING PHYSICIAN: The law etained by the haspital or attending physician.

STATE OF MARYLAN FOR STATE REGISTRAR DEPARTMENT OF HEALTH AND ME CERTIFICATE OF DEA

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	. VIRGIN		U.S.		WIDOWE		-	BALTIMO		Y	MD
0 C	ITY OR TOWN OF DE	ATH 11	. NAME OF F	HOSPITAL, NURSIN HEACILITY, GIVE STREET	IG HOME C	R OTHER INSTITUTION		TYPE OF WORK FOR MO			F BUSINESS OR
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	22d. PHYSICIAN'S N	AME (TYPE OR PR	INT)			22e ADDRESS 100	N.	BOARDWAY	BAL	TO. MD.	21231
	DR PE	TER A	HOLT	M.D.		CHURCH HO	SPI	TAL CORPO	PATION	١	
	URIAL, CREMATION,	REMOVAL	36 DATE	23c N	AME OF CE	METERY OR CREMATO		23d LOCATION		COUNTY	STATE
	BURIAL		7/2/8	2 EAS	T OAK	GROVE CEM		MORGAN		W. VA.	STATE
FL	INERAL DIRECTOR			ADDRESS				REC'D BY REGISTE			URE
W	ALTER BROO	OKS BRA	DLEY,	INC. DUNE	DALK,	MD. JI	UL	8 1982	Lanca	in Van 9	Tathen.
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	1.	FOR STATE REGISTRAR	DE	PARTMENT OF HEALTH AND MENTAL HY CERTIFICATE OF DEATH	GIENE 8 2	15104
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1 11 45	B	ALTIMORE	(IF NOT IN SUCH FACILITY, GIV	NURSING HOME OR OTHER INSTITUTION RESTREET ADDRESS) MARITAN HOSPITAL	170 USUAL OCCUPATION OF THE HOUSEWIT	ON 126 KIND OF BUSINESS OF INDUSTRY Homemaker
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DEPARTMENT OF HEALTH AND MENTAL HYGIENE 8
CERTIFICATE OF DEATH

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	FOR STATE REGISTRAR		CERTII	HEALTH AND MENTAL HY	REG. NO.	5 1 0	5
	I DECEASED NAME FIRST (TYPE OR PRINT) MARCU	S M		LAST	20 DATE OF DEATH MONTH	0 - 1 -	HOUR
	3 SEX	4 RACE	5. DATE O	ELLY	6. AGE (INYEARS LAST BIRTHDAY)	11 82 7	JNDER 24 HRS
			MONT		75	MONTHS DATS HO	JURS MIN.
	Male Male Male Male Marthelace (State or Foreign)	White 76 CITIZEN OF WHAT COUNTR	2Y2 IL		9 BALTIMORE CITY OR COUNT		
d	Maryland	U.S.A.	MARRIE	DEVERMARRIED DIVORCED	Baltimore C		
Ž	10 CITY OR TOWN OF DEATH	11. NAME OF HOSPITAL, NUR	SING HOME		120 USUAL OCCUPATION	12h KIND OF BI	MD. USINESS OR
1	Baltimore USUAL RESIDENCE (IF NURSING HOME OR	St. Agnes Ho	spital		Sheet Metal	L. D.L.	ch indows
5	Maryland 136 COUN	I3c. CITY OR TO Baltin	NWC	134 INSIDE CITY LIMITS? YES 🛣 NO 🗌	3506 Greenvale	Road 2	1229
1		MIDDLE LAST		15. MOTHER'S MAIDEN NA	ME	LAST	-1-1-1
(_			, Sr.	Katie		Tho	rne
-	160 WAS DECEASED EVER IN U.S. AR/ (YES NO OR UNKNOWN) (IF YES, GIVI	MED FORCES? 166 SOCIAL SE E WAR OR DATES) 216-03		Ruth C. Kel	.ly 3506 Greenva	le Rd. 2	1229
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	BERT F.	MORTON		900 S. Cat	on Avenue		
	230 BURIAL, CREMATION, REMOVAL			EMETERY OR CREMATORY	23d LOCATION	COUNTY	STATE
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	24 FUNERAL DIRECTOR	ADDRES!		1227	FREC'D. BY REGISTRAR 250 GIS	TRAP'S SIGNATURE	
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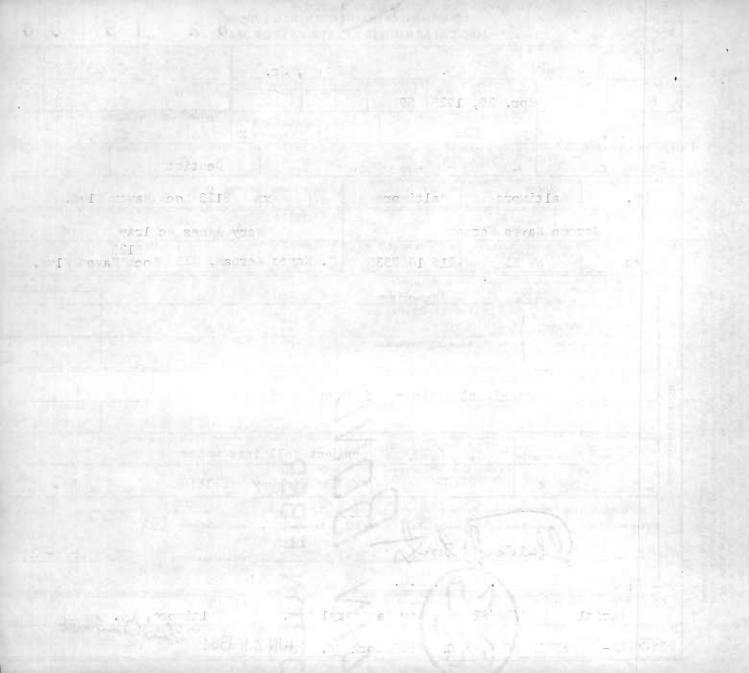
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18 E			Jerome	5. DATE OF BIRTH	Н.	GE (IN YEARS IF U	Kernan			MATED (XX 6	23 1982 DAY YEAR	1
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ED AS A BURIAL. HEALTH AND ME AL, CREMATION,	NO	PART 2 OTHER SIGNIE	CANT CONDITIONS	CONTRIBUTING TO DEATH R									
I	CERTIFICATION	190. DATE OF OP	ERATION			CH OPERATION						20 AUTOPSY	? NO 🗆
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THE STATE		22a 1 certify the death resulted f		pl couses	Accident X	Suicide L	TITLE (S	Inspection United Unite	ndetermined mo	inner	DATE SIGN		-82
TOR: PAGE 3 SI THE STATE DEP. AND, 21201 PR)	death resulted f ACTUAL SIGNATURE EXAMINER'S NA. (TYPE OR PRINT)	ME Tho	omas D. Sm	Accident X ith, M	Suicide L	TITLE (S M.D. Dep	eide ur PECIFY) uty Chig III	REDICALEXAM	INER	DATE		-82
TOR PAGE TATE	230. BU	death resulted f	ME Tho	omas D. Sm	ith, M	Suicide	TITLE (S M.D. Dep ADDRESS OR CREMATO dral C	PECIFY) UTY Chig	Penn S LOCATION Balt:	imore	DATE SIGNI	6-25	-82 STATE



DEPARTMENT OF HEALTH AND MENTAL HYGIENE

1	REGISTRAR		CERTIFICATE O	F DEATH	REG. NO	1 3	1 4	7 7
١	I. DECEASED NAME FIRST	MIDDLE	LAST			AONIH DAY	YEAR 26 H	IOUR
Ų	Mary Louise	е	Kessler			6 29	82	M
i	SEX	4. RACE	5. DATE OF BIRTH	Y YEAR	6 AGE (IN YEARS LAST BIRTH	IF UNDE		DER 24 HRS
d	Female	White	8 20		88	YRS.	DATS	MIN
1	TO DIRTHPLACE (STATE OR FOREIGN COUNTRY)	76 CITIZEN OF WHAT COUNTRY?	MARRIED NEVI	ER MARRIED	9 BALTIMORE CITY OR		ATH	
6	Md.	U.S.A.	WIDOWED	DIVORCED	Baltimore			MD
1	Balto.	11. NAME OF HOSPITAL, NURSING (IF NOT IN SUCH FACILITY, GIVE STREET 2224 Christian	St.	NSTITUTION	120 USUAL OCCUPATIO (TYPE OF WORK FOR MOST OF Housewife		KIND OF BUS DUSTRY	INESS OR
1	USUAL RESIDENCE (IF NURSING HOME OF 130. STATE 130. COUL			E CITY LIMITS?	13e STREET ADDRESS 2224 Chris	tian St.		
1	14 FATHER'S NAME FIRST UNKNOV	MIDDLE LAST	15. MOTH	ER'S MAIDEN NAM	UNKNOWN		LAST	
	160 WAS DECEASED EVER IN U.S. AR			MANT C/O ey Saunde	427 Hornetts	St., Bal #21224	to., M	d.
	PART 1. DEATH WAS CAUSE	only one couse per line for (a), (b), or DBY TE CAUSE (a) DUE TO, OR AS A CONSEOU (b) DUE TO, OR AS A CONSEOU (c)	ENCE OF	ary du	icarl	0	APPROXIMATE IN BETWEEN ONSETA	
7	PART 2 OTHER SIGNIFICANT OF MULAUFAL 190. DATE OF OPERATION WOLL 210. ACCIDENT, WAS UNDERLYING	na of to	DPERATION WAS PERFORMED 200 AUTOPSY? 206. IF			GIVEN IN PART TO YES, WERE FINDINGS USED RTIFYING CAUSES OF DEATH? YES \(\begin{array}{c} \text{NO} & \equiv \equiv \equiv \text{NO} & \equiv \equi		
	OR CONTRIBUTING AUSE OF DE	216. TIME OF INJURY HOUR A.M. MONTH P.M. 216. PLACE OF INJURY (AT HOME, STREET, FAST TOPK)	9 19 211 LOCA	N.A	ED (ENTER NATURE OF INJURY		PART 2)	STATE
1	E WHILE THE SHAW S	The state of the s	mani cici	X/ Ja				

saw the deceased alive an above, (I) (we) (did) (did not) view the body after death. 226 SIGNATURE

21e PLACE OF INJURY AT HOME, STREET, FACTORY OFFICE FARM ETC)

DEGREE

CITY OR TOWN

COUNTY

and that in (my) (aur) apinian death accurred on the date and hour and from the causes stated

22d PHYSICIAN'S NAME (TYPE OR PRINT

7-1-82

22e ADDRESS

ATTENDING PHYSICIAN

MEDICAL STAFF
DIRECTOR PHYSICIAN

230. BURIAL, CREMATION, REMOVAL (SPECIFY) Burial

23b. DATE

23c NAME OF CEMETERY OR CREMATORY

Loudon Park Cemetery

23d. LOCATION

Balto

DHMH - 16 50M 1/81 (VRA 15, 4)

TO FUNERAL DIRECTOR:

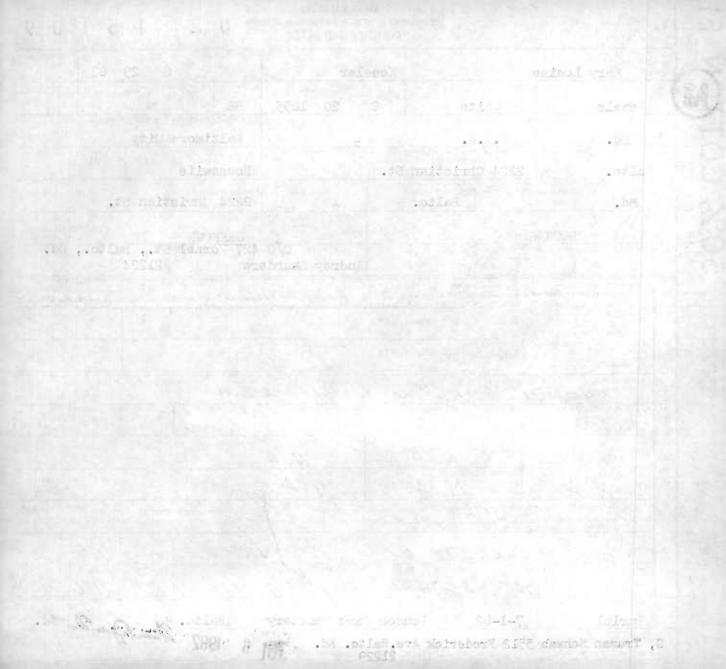
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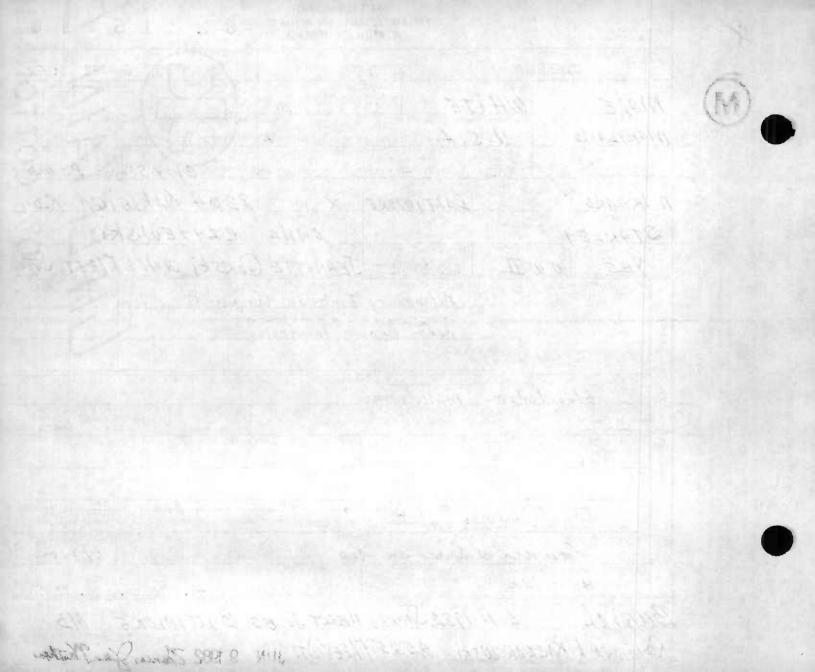
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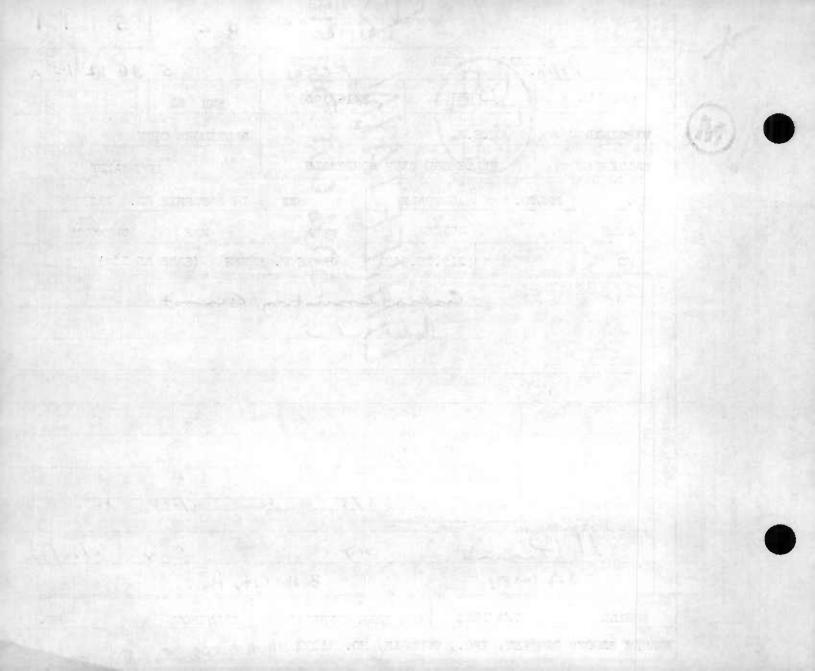
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G, Truman Schwab 3512 Frederick Ave. Balto. Md. 21229







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DHMH - 16 50M 1/81 (VRA 15, 4)

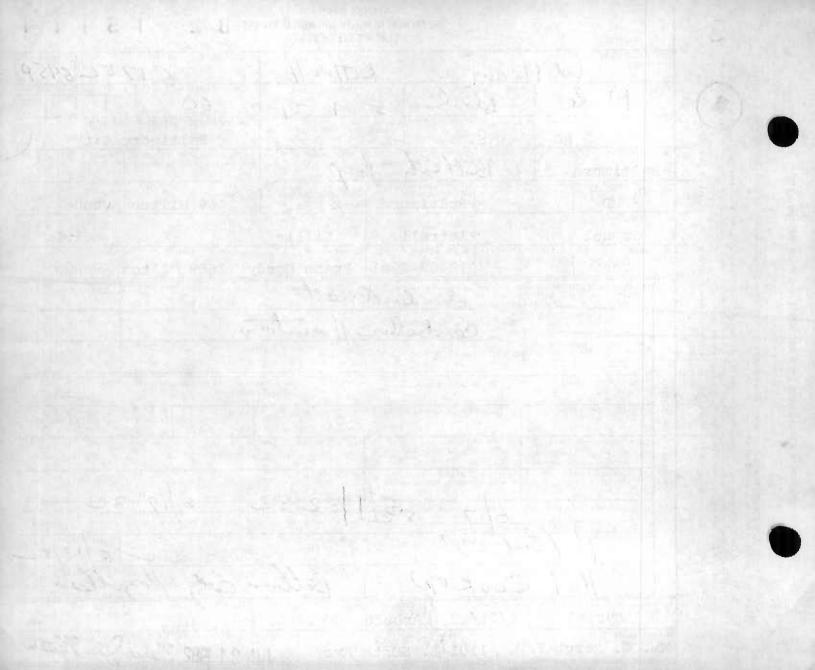
STATE OF MARYLAND

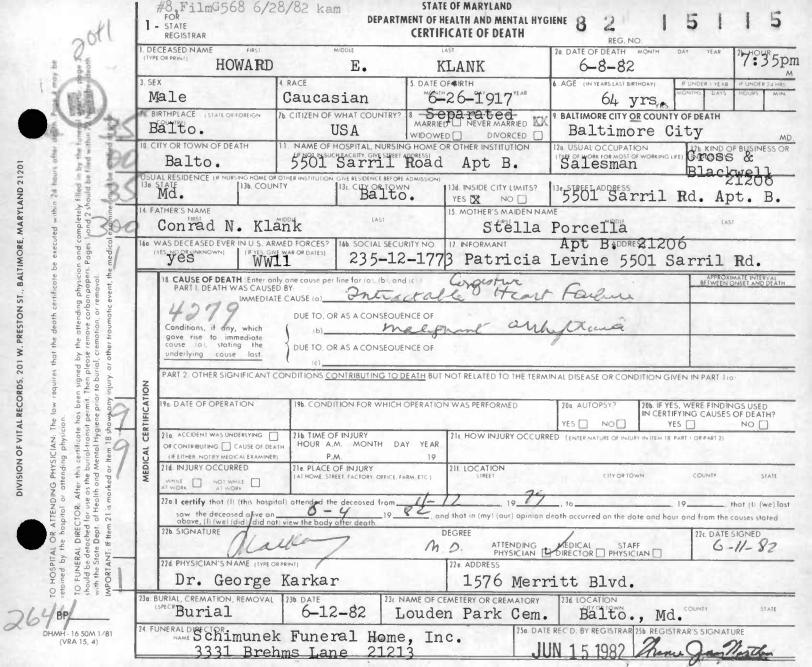
DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

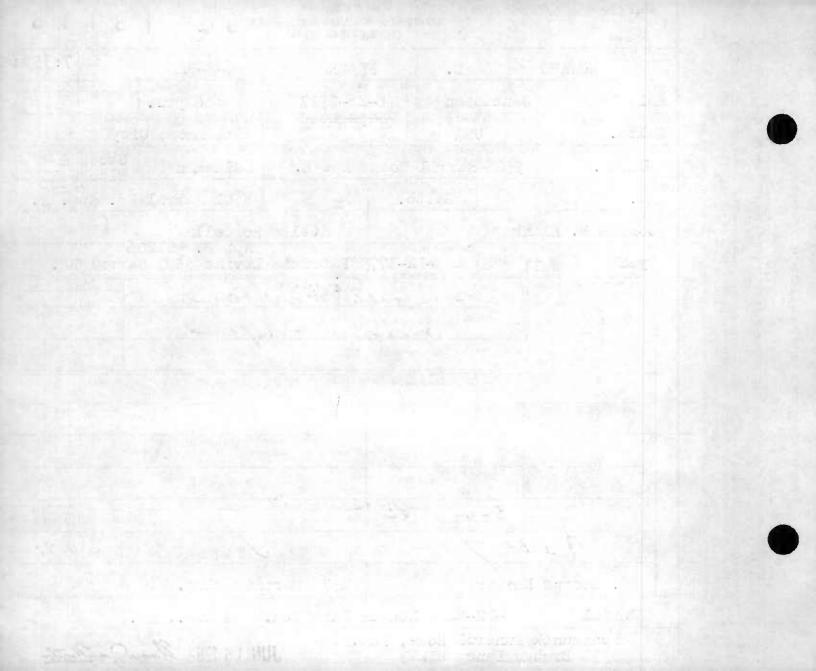
2	1.	FOR STATE REGISTRAR		DEPART		EALTH AND MENTAL HYD	GIENE 8 2		5 1	12
		CEASED NAME FIRST		MIDDLE	L	AST	20 DATE OF DEATH	MONTH DA	Y YEAR	2b HOUR
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	3. SE	X	4 RACE		5. DATE C		& AGE (IN YEARS LAST B		UNDER I YEAR	IF LINDER 24 HRS HOURS MIN.
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700	10 C	TTY OR TOWN OF DEATH			IG HOME C	OR OTHER INSTITUTION	120 USUAL OCCUPA	ION		OF BUSINESS OR
*5		LITIMORE	VAMC LO		BLVD.	BALTO. MD	(TYPE OF WORK FOR MOST		INDUSTRY	
33		AL RESIDENCE (IF NURSING HOMEO STATE		13t. CITY OR TOW		134 INSIDE CITY LIMITS?	130 STREET ADDRESS		que	
20	14. FA	ATHER'S NAME FIRST	MIDDLE	KEYE	5	15 MOTHER'S MAIDEN NA FIRST PORT	ME		MIT!	701~
icol /			MED FORCES?	166 SOCIAL SECU	IRITY NO.	17 INFORMANT	ADDI	ESS		
To the second		YES, NO OR UNKNOWN) IF YES, GI	C+17	229 26 0	306	WIFE MAR	IE- SAM	E MS	A7301	VE
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notic		4360 DUE TO, OR AS A CONSEQUENCE OF								
trour		Canditions, if any, which gave rise to immediate	(b)	10	muc	BLIZA TION	/			
r other		cause (a), stating the underlying cause last.	DUE TO, C	FRACTU	ENCE OF	(2) 1+1P a	(P) STI	2016	((L)	CVA
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ows ony ir	CERTIFICATION	190 DATE OF OPERATION	196 COND	OITION FOR WHICH	OPERATIO	N WAS PERFORMED	200 AUTOPSY?		WERE FINDING CAUSES	
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r Her	MEDICAL	(IF EITHER NOTIFY MEDICAL EXAMINE	_	OF INJURY	19	211. LOCATION				
o p	ME	WHILE NOT WHILE AT WORK		TREET FACTORY OFFICE P	ARM. ETC.)	STREET	CITY OR T	NWC	COUNTY	STATE
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		BURIAL, CREMATION, REMOVAL			0	EMETERY OR CREMATORY	23d LOCATION CITY OR TOWN	,	COUNTY	STATE
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FOR DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE MEDICAL EXAMINER'S CERTIFICATE REGISTRAR DECEASED NAME OF ESTI- XX DAY YEAR 76 HOUR O. DATE MONTH (TYPE OR PRINT) KLEIN KAREN A. 6-9-82 19 4 RACE 6. AGE IN YEARS IF UNDER 1 YR. SEX S. DATE OF BIRTH IF UNDER 24 HRS DATE LAST BIRTHDAY PRONOUNCED 6-9-82 March 30,1958 Female 24 DEAD White Th CITIZEN OF WHAT COUNTRY? 9. BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED FOREIGN COUNTRY USA Baltimore Wisconsin DIVORCED WIDOWED IN CITY OR TOWN OF DEATH NAME OF HOSPITAL NURSING HOME, OR OTHER INSTITUTION USUAL OCCUPATION (TYPE OF WORK 126 KIND OF BUSINESS FOR MOST OF WORKING LIFE! OR INDUSTRY University Hospital Bar Bartender PM 3. RETAIN PA ND 2 SHOULD BEF VITAL RECORDS Baltimore 13a. STATE 136 COUNTY 13d. INSIDE CITY LIMITS? Duncan Street Baltimore Maryland YES A USED AS A BURIAL TRANSIT PERMIT PAGES 1, 2, OSED AS A BURIAL TRANSIT PERMIT PAGES IVANO E HEALTH AND MENTAL HYGIENE, DIVISION OF VITALIP CREMATION, OR REMOVAL. 14 FATHER'S NAME 15. MOTHER'S MAIDEN NAME Brogley LAST LAST Phyllis Vincent 146 SOCIAL SECURITY NO 17 INFORMANT ADDRESS 17/80.8/4/80 389 70 9527 Yes Phyllis Klein RT 2 Bex 85 Potesia. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) BETWEEN ONSET AND DEATH PART I DEATH WAS CAUSED BY Cranio-cerebral injuries IMMEDIATE CAUSE (o) DUE TO, OR AS A CONSEQUENCE OF Conditions, if ony, which gove rise to immediate cause (o) stating the under-DUE TO, OR AS A CONSEQUENCE OF lying cause lost. PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE DR CONDITION GIVEN IN PART 1 (a) CERTIFICATION 19a DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED? EXECUTE THE CERTIFICATE, WRITING THE WORD "PR PAGE 4 SHOULD BE FORWARDED TO THE CHIEF I TO FUNERAL DIRECTOR, PAGE 3 SHOULD BE USED AFTER DEATH, WITH THE STATE DEPARTMENT OF HE BARTIMORE, MARYDAND/21201 PRIØR TO BURIAL, " 20 AUTOPSY? YES XX NO [21g EXTERNAL CAUSE WAS 216. TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) 1:40 MMONTH DAY YEAR UNDERLYING XXOR passenger of motorcycle/auto impact MEDICAL 5-30-82 CONTRIBUTING CAUSE OF DEATH 21f LOCATION 21d INJURY OCCURRED 21e PLACE OF INJURY (AT HOME Lennings Lane&Philadetphia STREET FACTORY, FARM, ETC.) AT WORK AT WORK XX Rosedale.Md Autopsy XX 220 I certify that I took charge of the remains described above, held an and in my opinion Inspection death resulted fram: Accident XX Homicide Undetermined monner TITLE (SPECIFY) 6-10-82 ACTUAL DATE SIGNATURE EXAMINER'S NAME Penn Street **ADDRESS** 3d. LOCATION 230 BURIAL, CREMATION, REMOVAL 23¢ NAME OF CEMETERY OR CREMATOR COUNTY STATE Burial St. Andrews Cemetery 24 FUNERAL DIRECTOR **DHMH - 17** Burgee Funeral Home, 3631 Falls Road 21211 (VR A15 ME (5) 20M 4/82

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Leonard J. Ruck Inc. Baltimore, Maryland

- STATE

REGISTRAR

Burial 24 FUNERAL DIRECTOR

DECEASED NAME

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

CERTIFICATE OF DEATH

REG. NO

26 HOUR

126. KIND OF BUSINESS OR

NO [

STATE

IF UNDER 24 MR

IF UNDER LYEAR

YES [

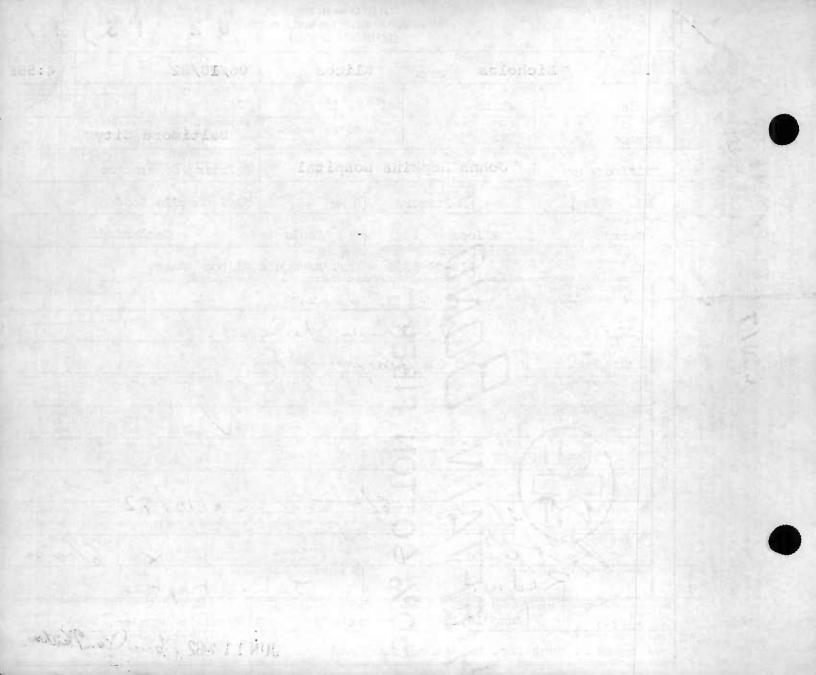
COUNTY

22c. DATE SIGNED

DAYS

20. DATE OF DEATH MONTH

DHMH - 16 50M 1/81 (VRA 15, 4)



STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

CERTIFICATE OF DEATH

STATE

(VRA 15, 4)

REGISTRAR

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DEPARTMENT OF HEALTH AND MENTAL HYGIENE

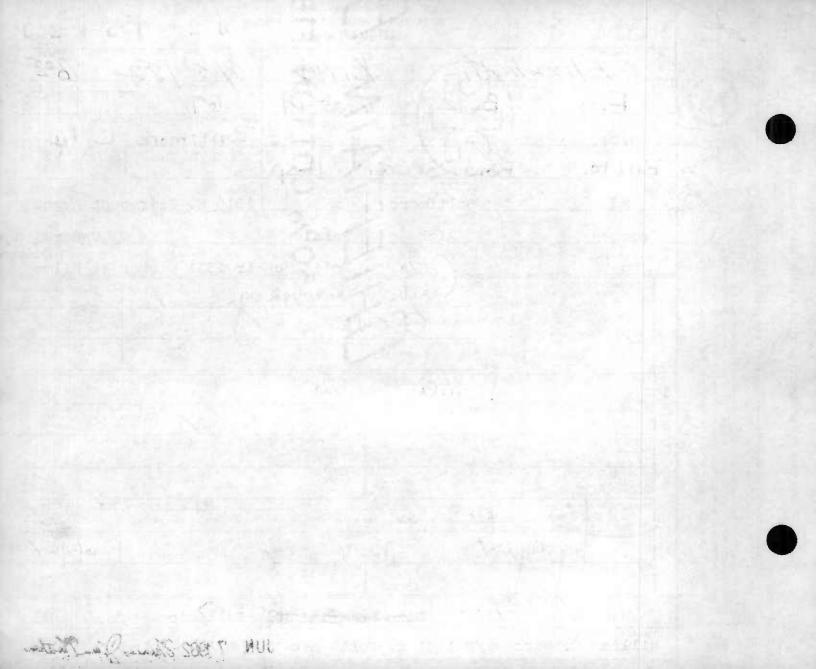
CERTIFICATE OF DEATH

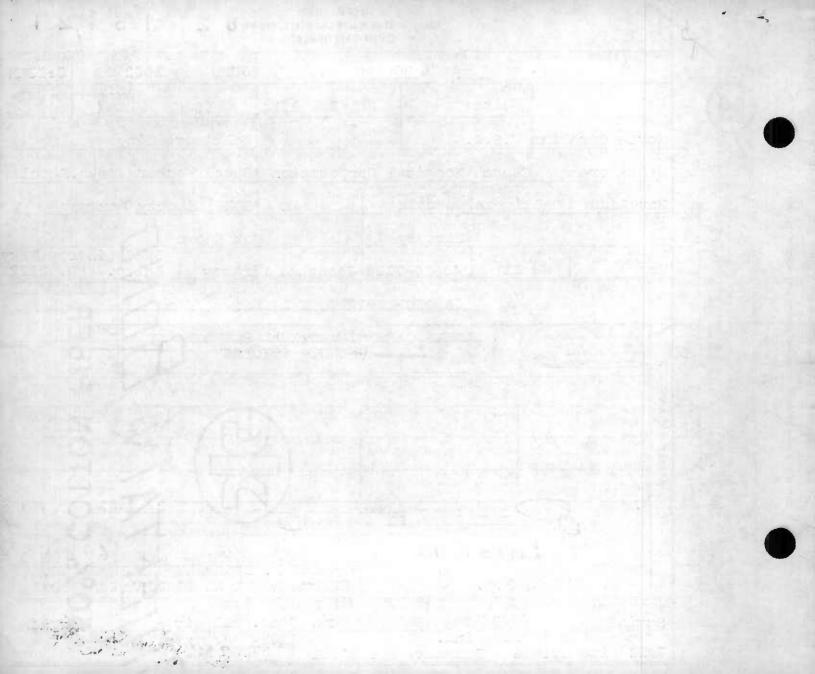
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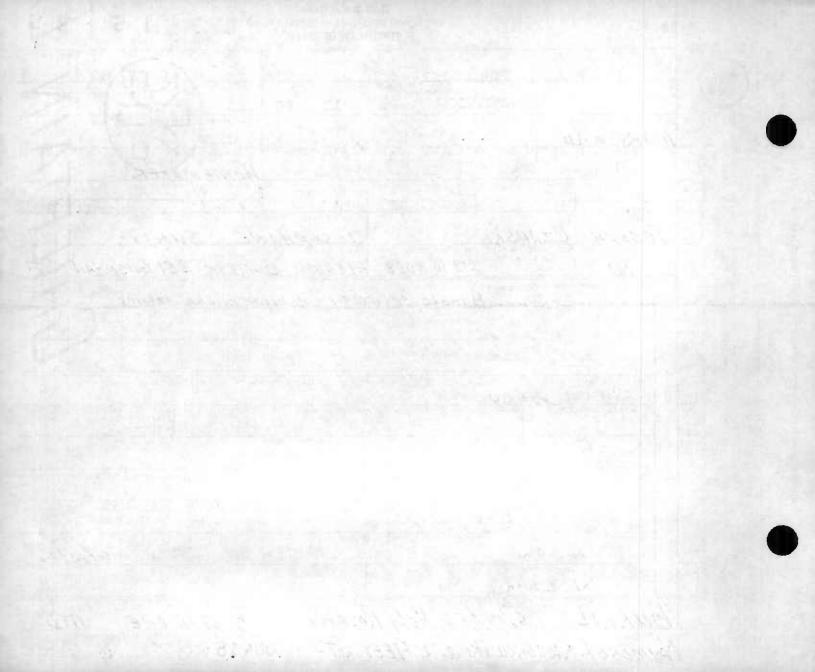
HUBBARD FUNERAL HOME, INC. 4107 WILKENS AVE

DIVISION OF VIT

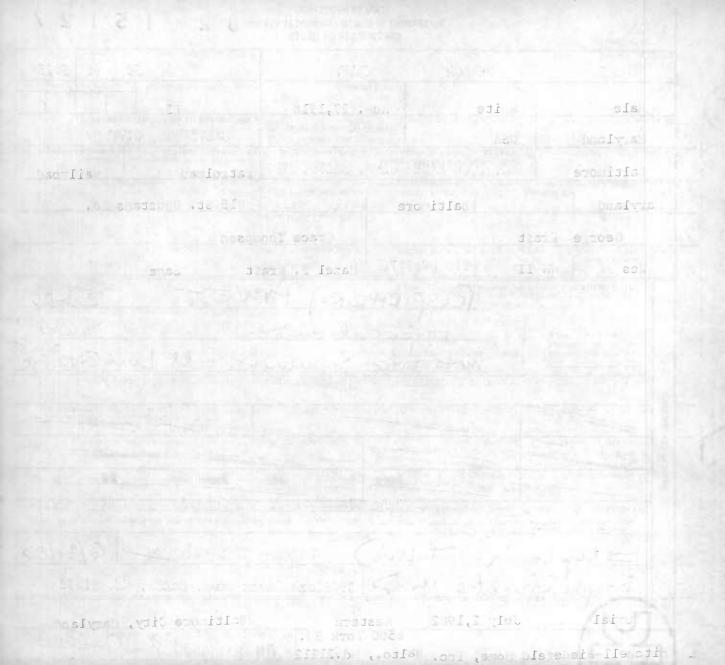
DHMH - 16 50M 1/B1 (VRA 15, 4) STATE OF MARYLAND
DEPARTMENT OF HEALTH AND MENTAL HYGIENE \$\frac{1}{2}\$

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	1	FOR STATE	DEPARTM	STATE OF MARYLAND ENT OF HEALTH AND MENTAL HY	GIENE 8 9	1512
	, .	REGISTRAR		CERTIFICATE OF DEATH	REG N	
-		EASED NAME FIRST	WIDDLE	LAST		MONTH DAY YEAR 26 HOUR
GEN	TYPE	SOPETA	KOLAKOUSKT			6 13 82
(解語)	3. SE)	7 To San At the Address of the	The state of the s	5. DATE OF BIRTH	6. AGE (IN YEARS LAST BIR	
		CALLE	CAUCASION	90NTH PAY YEAR 96	85	MONTHS DAYS HOURS
72 ho		RTHPLACE (STATE OR FOREIGN OUNTRY)	76 CITIZEN OF WHAT COUNTRY?	MARRIED NEVERMARRIED WIDOWED DIVORCED	-	R COUNTY OF DEATH
AS AS		ON TOWN OF DEATH	11. NAME OF HOSPITAL, NURSING (IF NOT IN SUCH FACILITY, GIVE STREET ALL GOOD) SALARITA	HOME OF OTHER INSTITUTION	120 USUAL OCCUPATI	F WORKING LIFE) INDUSTRY
pletely filled in b nd 2 should be li	3a. S	IL RESIDENCE (IF NURSING HOME OF TATE 136 COULT TATE 137 COULT TAT	ROTHER INSTITUTION GIVE RESIDENCE BEFORE	DMISSION) 13d. INSIDE CITY LIMITS?	HOMEMA 13e STREET ADDRESS 636 S S AME MIDDLE	treeper St. 21
Pages 1 on medicol e		AS DECEASED EVER IN U.S. AR	RMED FORCES? 166 SOCIAL SECUR VE WAR OR DATES) 2/3 10 80.		ADDRE	SI GUSRYAN S
been signed by the ormit. Then please remo- prior to buriol, cremoth	CERTIFICATION	Conditions, if ony, which gove rise to immediate couse (o), stoffing the underlying couse lost. PART 2 OTHER SIGNIFICANT (SACRAL 190 DATE OF OPERATION	DUE TO, OR AS A CONSEQUEN (c) CONDITIONS CONTRIBUTING TO DE CONDITIONS FOR WHICH C	EATH BUT NOT RELATED TO THE TER	MINAL DISEASE OR CONI	206 IF YES, WERE FINDINGS USED
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		22b. SIGNATURE		DEGREE		220 DATE SIGNED
the har all DIRE letoched of Dept		N. Lu	the	ATTENDING PHYSICIAN	MEDICAL STAF	
retoined by the h TO FUNERAL DIR. should be detoche with the State Dep IMPORTANT: If Ite		22d. PHYSICIAN'S NAME (TYPE O	OR PRINT)	ATTENDING PHYSICIAN 22e ADDRESS	MEDICAL STAF	



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SOL LEVINSON & BROS., INC.

JUNE 11,1982 HEBREW FRIENDSHIP

BALTO., MD

21215

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE 😭 CERTIFICATE OF DEATH

REG. NO

IF UNDER LYEAR

INDUSTRY

BLOC'K

126. KIND OF BUSINESS OR

AT HOME

21209

APPROXIMATE INTERVAL

2cM 8

NO I

6-10-82

STATE

COUNTY

22c. DATE SIGNED

COUNTY MARY LAND

BALTIMORE

20 DATE OF DEATH MONTH

- STATE

REGISTRAR

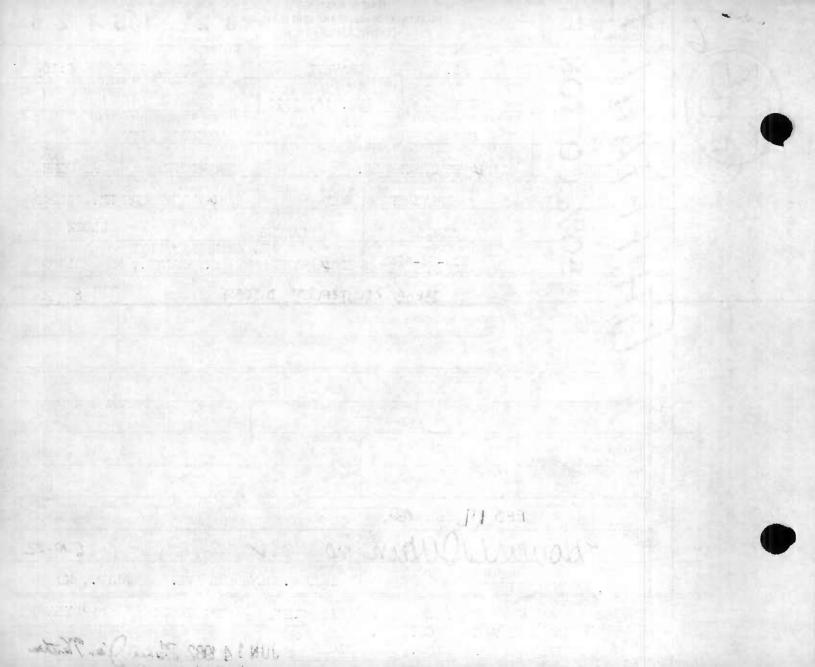
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DHMH - 16 50M 1/81 (VRA 15, 4)

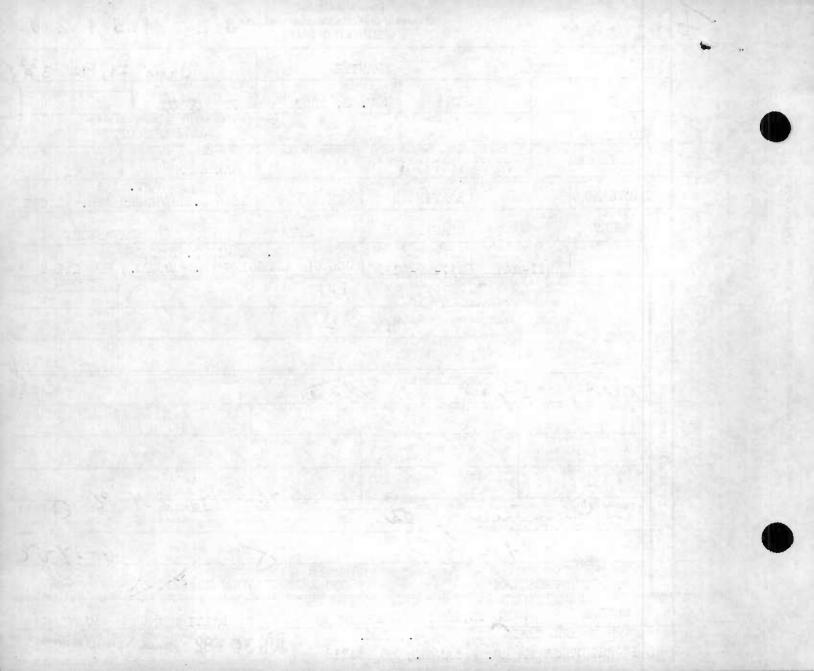
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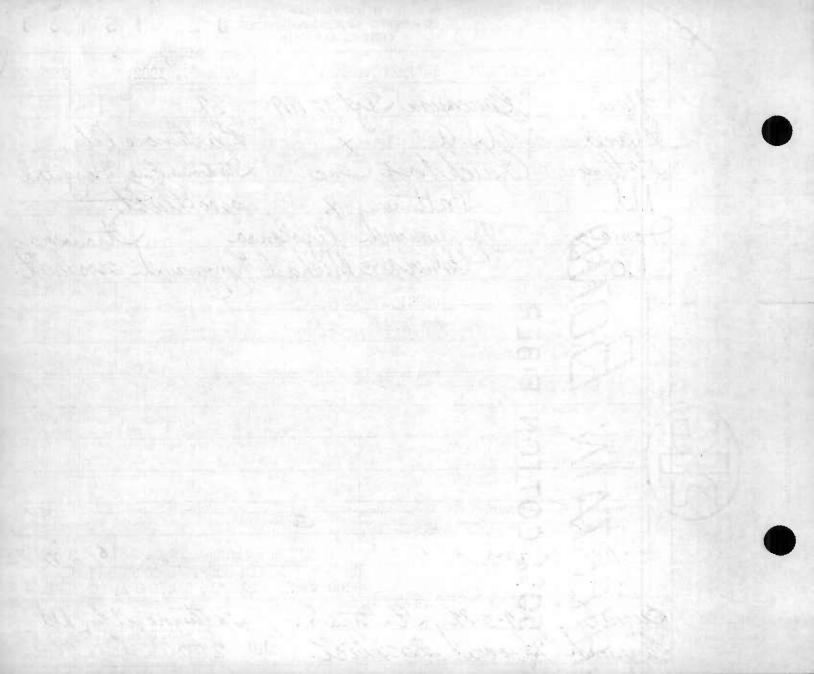
24 FUNERAL DIRECTOR

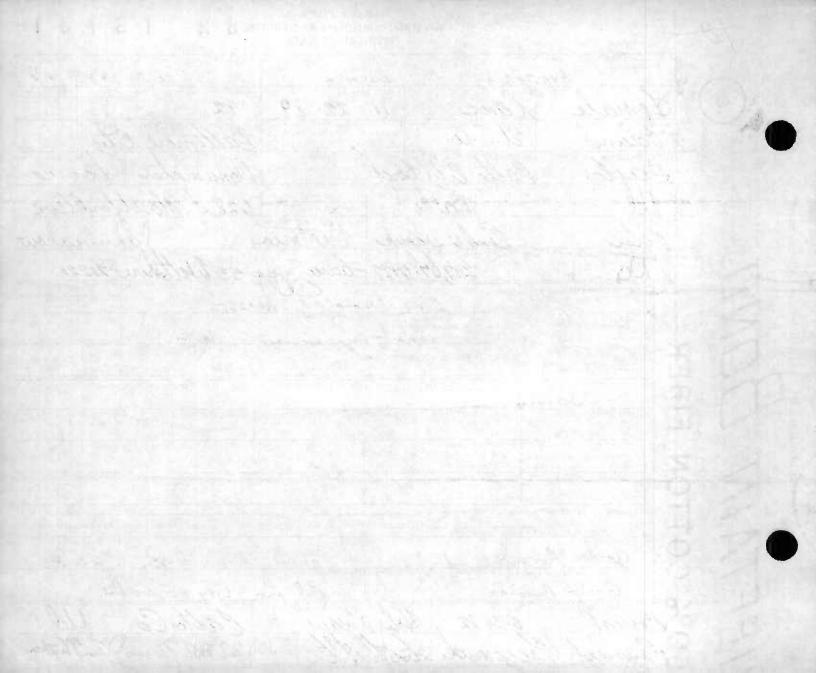
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6010 REISTERSTOWN RD. BALTO., MD 21215

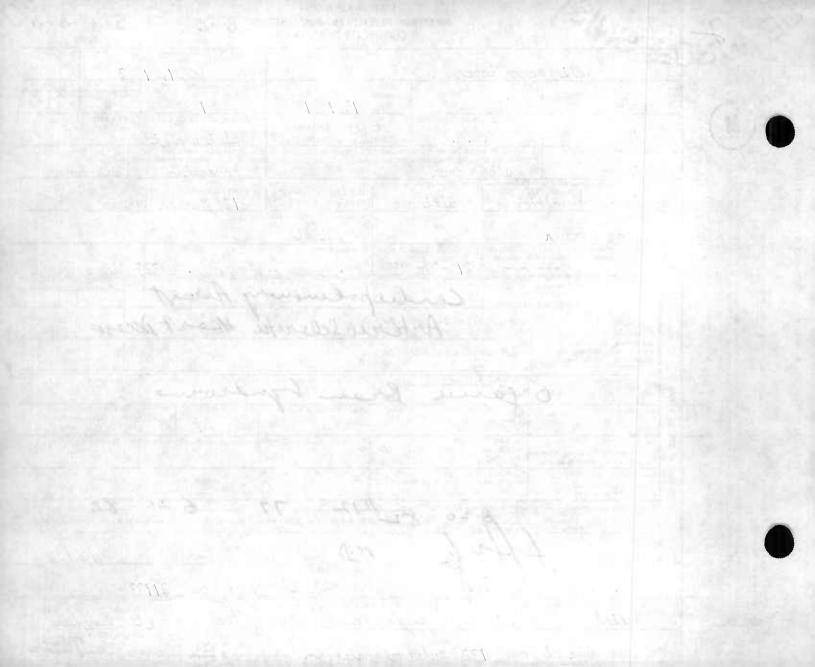






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	40-		REGISTRAR		WEL	DICAL EXAMI	NER'S	CERTIFIC	CATEO	FDEATH	REG. NO				
			CEASED NAME	FIRST		WIDDLE	10-7	LAST		20. DAT	E KNOWN 🛛	MONTH	DAY	YEAR	76 HOUR
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	SOERE	3. SEX	4	RACE	5. DATE OF BIRTH	6. AGE (IN	YEARS IF U		IF UNDER	24 HRS. 7c. DA	TE	MONTH	DAY	YEAR	
	4 5 4 1 W	M	07.0	1.7h 4 4 a	MONTH DAY	YEAR LAST BIRTI		THS DAYS	HOURS	MIN. PRONC	UNCED	6	1	-02	
	#ODC BREE		ale	White	9 - 10 76. CIŢIZEN OF WH		YRS,				IMORE CITY O	6	4 1		ам
	SAN DER	FC	REIGH COUNTRY)					RIED ME		ED L	-			AIR	
	Z 2 in . 2 - 1		ew Jerse	4	U.S.F			WED 🗆	DIVORCE		itimore				MD.
	PAGE 3	10. C	ITY OR TOWN O	F DEATH	IF NOT IN SUCH FAC	PITAL, NURSING HO	5)		TION	FOR MOST OF V	CUPATION (TYPE	OF WORK	OR II	OF BUS	SINESS Y
	2000		altimore		Baltimo	ore City H	ospit	al		Welde			Stee!	l Mf	gr.
5	ANY DE ANY DE RETAIN PECOND B		AL RESIDENCE (#	FIN NUISING HOME C	OR OTHER INSTITUTION, GIV	13c. CITY OR TOWN	SSION)	13d INSIDE C	ITY (IMITC)	13e STREET ADI	DECC				
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1170	E Cara	D	Joseph		MIDDLE	Kurucz			garet		MIDDLE		Unkno		
BALTIMORE	FTER DE FORM FORM FORM FORM	160. V	-	EVER IN U.S. AR	MED FORCES?	16b. SOCIAL SECUR	ITY NO.	17. INFORA			ADDRESS		Olixin	JWII	
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201	ULD BE EXECUTED WITHIN "PENDING" IN PENCIL IN F. MEDICAL EXAMINER A BA SA BURALL TRANSIT HEALTH AND MENTAL HYAI ALL, CREMATION, OR REMO 1		lying cause	e 10st.	(6)										
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- W	- GAAAAA	CERTIFICATION	190 DATE OF C	OPERATION	196 CONDIT	ION FOR WHICH OP	ERATION '	WAS PERFOR	MED?				20. AU	TOPSY?	
3	SHOULD ORD "PE CHIEF A E USED, T OF HE, URIAL,	1 2												_	
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٥	SEA A PES	1		AT WORK		3-2742-2-211-2									
	R: T		22a certify	that I to a chara	se of the remains desc	ribed above, held on	Auto	insv 🗍	Inspection	Inqui	CV 000	d in my oi	ninion		
	A S S D E A		death resulted	/ .	fal courses XA	Accidege .	lucide [. Homic		Undetermined		2 my 0	pinion		
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	TO MEDICAL EXAMINER: TI EXECUTE THE CERTIFICATE, PAGE 4 SHOULD BE FORW TO FUNERAL DIRECTOR: PA AFTER DEATH, WITH THE ST, BALTIMORE, MARYLAND, 2		(TYPE OR PRIN	1/				_ADDRESS				.,			
	₩₩₩₩	23a.B	URIAL, CREMATI	ION, REMOVAL	3b. DATE	23c. NAME OF C	EMETERY	OR CREMATO	ORY	23d. LOCATION	1	cou	NTY	STA	ATE
0000	DBP		Burial		6/8/1982	Mt. Ver	non M					-		W.V	a
000	DHMH - 17	24 F	UNERAL DIRECT	OR	ADDRESS				750. DATE R	EC.D BY RECUS	PAR HAMREGIS	TR	AL NATH	arth	qu.
	(VR A15 ME (5))	Wa	lter Bro	ooks Bra		Dundalk, M	D. 2	1222	301	1 100	- 0/10-100	0		X8411	
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		3	FOR UNK.#82-	·64 c	PEPARTMENT OF	HEALTH	AND MENTAL HYGI	ENED O	Per 1 1 100 100
			STATE REGISTRAR	MEI	DICAL EXAMIN	ER'S C	ERTIFICATE OF D	EATH REG. NO.	5 1 3 5
			CEASED NAME FIRST		MIDDLE		LAST	20. DATE KNOWN AND	NIH DAY YEAR 25 HOUR
	W. C.B.A.	(TYP	Elizab	eth		La	ngdon	OF ESTI-	
	39 HOLD	3 SEX		5 DATE OF BIRTH	6. AGE (IN YE		DER 1 YR. LIF UNDER 24 HI		6 1419 82 M
	五元 五种			MONTH DAY	YEAR LAST BIRTHD		S DAYS HOURS MIN	PRONOUNCED	TH DAY YEAR 24 HOUR 9:10
	NOVE TONE		EMALE WHITE	8 24	24 57 YI	RS.		DEAD	6 1519 82 a M
-	PESAR DI CHINA	FO	RTHPLACE (STATE OR REIGN COUNTRY)	76 CITIZEN OF WH	IAI COUNTRY?	8. MARRI	ED NEVER MARRIED		
	M2230		BALTO.	U.S.		WIDOW		□ Baltimore C	
		10 C1	TY OR TOWN OF DEATH	11 NAME OF HOSE	PITAL, NURSING HOME	, OR OTH	ER INSTITUTION 12a	USUAL OCCUPATION (TYPE OF WO	ORK 12b. KIND OF BUSINESS OR INDUSTRY
	300 WW		Baltimore	300 blk.	light Stre	et -	Harbor So	FOR MOST OF WORKING LIFE) SCIALSERVICE R	ECIPIENT
-	SERVING TO		L RESIDENCE (IF IN NURSING HOME O	OR OTHER INSTITUTION, GIV	E RESIDENCE BEFORE ADMISSI	ON)			
.2120	1. IF ANY DE 2, AND: 13. RETAIN 2 SHOULD (AL RECOM	13a. S	MD.	IY	BALTO.		YES 🛭 NO 🗌 🕹	STREET ADDRESS 26 SOUTH MA	r.St.
E, MD.	A S S S S S S S S S S S S S S S S S S S	14. FA	ATHER'S NAME FIRST	MIDOLE	LAST		15. MOTHER'S MAIDEN NA	MIDDLE	LAST
Ao	FE PAGE FORM ON OF	Ióa. V	VAS DECEASED EVER IN U.S. AR	MED FORCES?	166 SOCIAL SECURIT	Y NO.	17. INFORMANT	ADDRESS	BAITO.
BALTIMORE,	T = 1	(Y	ES, NO, OR UNKNOWN) (IF YES, GIVE	WAR OR DATES}	164-24-0	896	SR. PATRICIA	CATHOLIC CH	
**	B. GIV WITH T. PAC DIVIS	-	LIB. CAUSE OF DEATH (F.	1		070	DK. I N I KIC IT	CITIAORICCI	APPROXIMATE INTERVAL
PRESTON ST.,			 CAUSE OF DEATH (Enter on PART I DEATH WAS CAUSE 		_				BETWEEN ONSET AND DEATH
NO	V 24 HO N ITEM 1 ALONG TI PERM YGIENE, OVAL.		apun IMMEDIA	TE CAUSE (a)		ownin	g		
EST	Z Z IN T S		7870	DUE TO, OR	AS A CONSEQUENCE	OF			10 TO 1 TO 1
2	WITHIN SINCIL IN AINER AI TRANSIT NTAL HYO OR REMO		Canditions, if any, which gove rise to immediate	(b)					
3	0 6 5 1 111		couse (a) stating the under- lying cause lost.	DUE TO, OR	AS A CONSEQUENCE	OF			THE RESERVE OF THE PARTY OF THE
20	ECUTED NE EXA URIAL- ND ME		lying coose lost.	(c)					
DIVISION OF VITAL RECORDS, 201 W.	CERTIFICATE SHOULD BE EXECUTED TING THE WORD "PENDING" IN FOR THE CHIEF MEDICAL EXA 23 SHOULD BE USED AS A BURIAL DEPARTMENT OF HEALTH AND MIT PRIOR TO BURIAL, CREMATION,		PART 2 OTHER SIGNIFICANT CONDITIONS	CONTRIBUTING TO DEATH I	BUT NOT RELATED TO THE TERM	IINAL DISEASI	OR CONDITION GIVEN IN PART 1 (a	L	
Ö	P BE EXECTED BY SENDING. AS A BUT CREMATI	NO							
2	L'CAAA	F	190. DATE OF OPERATION	196 CONDIT	ION FOR WHICH OPER	ATION W	AS PERFORMED?		20 AUTOPSY?
TAL	SHOUL CHIEF E USEL URIAL	MEDICAL CERTIFICATION	The Park of the Pa						YES 🕅 NO 🗆
2	THE CHILL CHILL BE US BURL	E	210. EXTERNAL CAUSE WAS	21b TIME OF	INJURY ACT	21c Ho	OW INJURY OCCURRED 15h	HTER NATURE OF INJURY IN ITEM 18 PART 1	
0	PHENE !	10	UNDERLYING OR	HOUR A.M.	MONTH DAY YEAR	3			
Ö	SAR SAR SAR SAR SAR SAR SAR SAR SAR SAR	3	CONTRIBUTING CAUSE OF		6 14 1982 DE INJURY (ATHOME.		bject found i	n water	
Ž	300000000000000000000000000000000000000	M M		STREET, FACT	ORY, FARM, ETC.)			CITY OR TOWN	COUNTY STATE
۵	THIS CERTIFICATE WRITING THE W WARDED TO THE PAGE 3 SHOULD B STATE DEPARTMEN 21201 PROR TO		AT WORK AT WORK	W	ater	30	0 blk.Light S	St., Baltimore, N	laryland
	, m &		22e. I certify that I took charg	e of the remains desc	cribed above, held on	Autop	sy X, Inspection	, Inquiry , and in m	ny apinian
	EXAMINER: CERTIFICATION OF THE FOR THE TO THE THE THE THE THE THE THE THE THE THE		death resulted fram: Natu	rol causes .	Accident . Su	icide		ndetermined manner XX.	
	REG B B		. 1				TITLE (SPECIFY)	742.3	
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	SEX SEX		SIGNATURE		20000		.v. <u>Assisidili</u> ,	MEDICAL EXAMINER SI	GNED 0-13-02
	NO NO NO	-	EXAMINER'S NAME VI	ginia L	Dolan, M.D.	-31 HI	111	Penn Street	
	TO MEDICAL EXAMINER EXECUTE THE CERTIFICAT PAGE 4 SHOULD BE FOR TO FUNERAL DIRECTOR, AFTER DEATH, WITH THE BALLIMORE, MARYLAND	22	(THE ORTHUT)	3			ADDRESS	LOCATION	
10-	- mg - 48	230 B	URIAL, CREMATION, REMOVAL	1./2010 a	23c NAME OF CE	METERYO	1	CITY OR TOWN	COUNTY STATE
14/1	7 BP	1	BURIAL	6/30/82	SACRED	HEAL	ETGH JESUS	DA	Flow tha.
100	DHMH - 17	24. F	UNERAL DIRECTOR	ADDRESS		4	Zio. UAUFREC'D	D. BY REGISTRAR 251 GISTRA	CS BIL BIA PURE LINE.
	(VR A15 ME (5))		Mitchell-Wi	EDEFEL	D 6500	10R	KKJ.	1982 man	
	20M 4/82								

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STATE OF MARYLAND
DEPARTMENT OF HEALTH AND MENTAL HYGIENE 🚱

1		REGISTRAR				CERTIF	ICATE OF	DEATH		REG. N	0	-			
		CEASED NAME	FIRST		MIDDIE	-	AST		20. DATE		MONIH	DAY	YEAR	26 HO	UR
1			LAWRE		HAMPTON	I	AUER	SR.	100			21	82	5:1	LOA M
	3. SE>	<	7.00	4 RACE		5 DATE C		YEAR	6. AGE (III	YEARS LAST BIR	THDAY)	MUNTHS	RIYEAR	IF UNDE	R 24 HRS
	M	ALE		W.	HITE	9	5	1893	88		YRS				201114
		RTHPLACE (STATE (OR FOREIGN	76 CITIZEN OF	WHAT COUNTRY?	B	D NEVER	MADDIED []	9 BALTIM	ORE CITY O	R COUNT	Y OF DE	ATH		
5		ARYLAND	100	U	J.S.A.	WIDOW		IVORCED []	BAL	TIMORE	CIT	Y			MD.
		TY OR TOWN OF D	EATH	11. NAME OF	HOSPITAL, NURSIN	G HOME C				LOCCUPATI				F BUSIN	IESS OR
3		ALTIMORE		VETERAN	S ADMINIS	TRATI	ON MED	ICAL CE					S.	GOV	T
1	13a S		13b COUP		GIVE RESIDENCE BEFORE		134 INSIDE	CITY LIMITS?	13e. STREE	T ADDRESS	AIN				
3	M	ARYLAND	BALT	IMORE	CATONSVI	LLE	YES 😿	NO 🗌	1924	EDMO	NDSON	AVE	NUE,	, 21	228
1	14 FA	THER'S NAME		M-IDDI E	LAST	506-7	15. MOTHER	'S MAIDEN NAM	ME	WIDDLE			145		
		JACOB		MODIL	LAUE	R	-	LYDIA		E.			COKE	ER	
		VAS DECEASED EV			166 SOCIAL SECU		17. INFORM		EYSVI	LLEDDR	MD.	21	030		
		ES, NO OR UNKNOWN)	(IE YES, GA	E WAR OR DATES)	213 12 3	073	WITTI	LAM F. I			LD SP			IRT	
					r line for (o), (b), one		I MITTI	mi i i	RIOLIC	12 01	D OI		APPROXI		RYAL
		PART I. DEATH	WAS CAUSE	D BY	CARDIAC A							-	ETWEEN	NSET AN	DEATH
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9	- 4	7 //	1	DUE TO, O	SEPSIS	NCE OF									
		Conditions, if or		(b)_	301313					72	-				
		cause (o), sta underlying cau	-		R AS A CONSEQUE	NCE OF									
	1			167	PNEUMONIA										
	NO	PART 2 OTHER SI	GNIFICANT (CONDITIONS <u>C</u>	ONTRIBUTING TO D	EATH BUT	NOT RELATE	D TO THE TERM	INAL DISEA	ISE OR CON	DITIONG	IVEN IN F	ART 10		
1	CERTIFICATION	190 DATE OF OPER	RATION	196 COND	ITION FOR WHICH	OPERATIO	N WAS PERFO	DRMED	200 AU	TOPSY?		ES, WERE			
2	IFIC	MAY 21,	1982	AOR	TIC ANEUR	YSM			YES 🗔	KONT		IFYING C	AUSES	OF DEA	
	ERI	21a. ACCIDENT WAS I		216. TIME C	OF INJURY		21c HOW II	NJURY OCCURR					PART 2)	1.0	
		OR CONTRIBUTING	_	tin .	M. MONTH DA		24-10								
	MEDICAL	21d INJURY OCCU			.M. OF INJURY	19	211 LOCATI	ON							
	ME	WHILE NOT	WHILE NORK		REET, FACTORY, OFFICE FA	ARM ETC)	STREE			CITY OR TO	WN	COL	YINU		STATE
		220 I certify that	the this hospi	tol) ottended th		MARCH	5,	19 82	, to	UNE 21		, 19	32	that %	(we) last
		saw the dece	ased alive an	JUNE 2	1, 19 8	2 a	nd that in (my) (our) apinian d	death accur	red on the de	ate and ho				
П	25	226. SIGNATURE	-	-1	^	A COLUMN	DEGREE	MENNE				22	DATE	SIGNED	,
		grede	uch	17	the mo.			ATTENDING PHYSICIAN	MEDICA DIRECTO	R PHYSIC			6/21	182	
		22d PHYSICIAN'S	NAME (TYPE C	OR PRINT)	٨		22e ADDRE	SS		7111					
		treder	uh	1 /01	alus m		3900	Loch R	aven	B1vd	Ba1	to.	Md	21'	218
	23a B	URIAL, CREMATIO	N, REMOVAL	23b DATE	23c N	AME OF C		CREMATORY	23d LO						

DHMH - 16 50M 1/B1 (VRA 15, 4)

BURTAL 24 FUNERAL DIRECTOR NAME ADDRESS 4107 WILKENS AVE. HUBBARD FUNERAL INC.

06-24-82

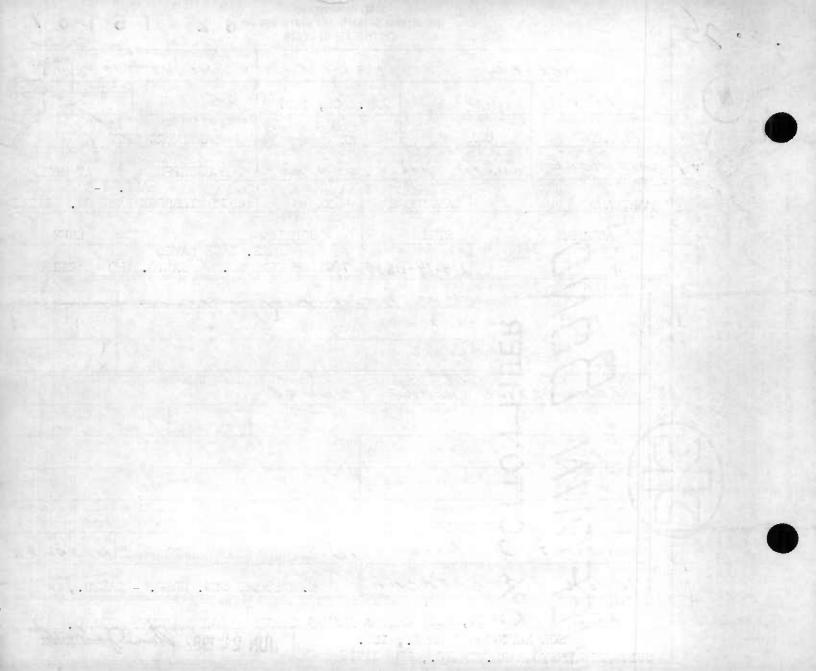
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MARYLAND

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	1.5	FOR	DEE	STATE OF MAKTLAND PARTMENT OF HEALTH AND MENTAL HY	CITNE A 23	r 1 2 0
	[]	- STATE REGISTRAR	. • • •	CERTIFICATE OF DEATH	REG. NO.	5 1 3 0
(1		CEASED NAME FIRST	S.	LAVERY.	20 DATE OF DEATH MONTH	DAY YEAR 26 HOUR 5 82 /2 33
	3. SE	×	4 RACE	5. DATE OF BIRTH	6 AGE (IN YEARS LAST BIRTHDAY) YRS.	IF UNDER TYEAR OF UNDER 24 HRS
92	S	IRTHPLACE (STATE OR FOREIGN COUNTRY)	USA (9/3/7	MARRIED NEVER MARRIED WIDOWED DIVORCED	9 BALTIMORE CITY OR COUNT	
34	10 0	BALTO.		URSING HOME OR OTHER INSTITUTION STREET ADDRESS! COURS HOSPITA	, 12a. USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKING L Retired	IZE KIND OF BUSINESS OR INDUSTRY
35	130. M	AL RESIDENCE (IF NURSING HOME OF STATE 136 COUL PRYLAND	VIY 130 CITY OR	TOWN 130 INSIDE CITY LIMITS?	13e STREET ADDRESS 4505 Wilmslow	Ave.
200		ATHER'S NAME FIRST Unknown	MIDDLE LAS	Unknow	MIDDLE	LAST
/ medico	160	WAS DECEASED EVER IN U.S. AR YES, NO OR UNKNOWN) (IF YES, GI		3-1642 Albert Chr.	iestopher 303 Ros	ssiter Ave.
to buriel, crementan, e njery, ar other trouman	7 NOU	Conditions, if ony, which gove rise to immediate couse (o), stating the underlying couse lost PART 2 OTHER SIGNIFICANT (DUE TO, OR AS A CONS	SEQUENCE OF GTO DEATH BUT NOT RELATED TO THE TERM	MINAL DISEASE OR CONDITION GI	VEN IN PART TO
Z	IFICA	190 DATE OF OPERATION		HICH OPERATION WAS PERFORMED	YES NO IN CERTI	S, WERE FINDINGS USED IFYING CAUSES OF DEATH? ES \(\text{NO} \)
9	MEDICAL CERT	210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DE	HOUR A.M. MONTH	LA 19	RRED (ENTER NATURE OF INJURY IN ITEM 18	PART OR PART 2)
mond or and a	MED	WHILE NOT WHILE AT WORK	(AT HOME, STREET FACTORY, O		CITY OR TOWN	COUNTY STATE
m 21 hm				. ond that in (my) (our) apinion	deoth occurred on the date and ho	
State Dep		224 PHYSICIAN'S NAME (TYPE O	-sulka.		MEDICAL STAFF DIRECTOR PHYSICIAN	5/157F2
WPORT		SURJIT	JULICA		our terspite	e!
		BURIAL, CREMATION, REMOVAL (SPECIEV) Burial	1 1 10-	23c NAME OF CEMETERY OR CREMATORY New Cathedral	Baltimore	0-11-16
6)		Alan Seitz Fune	eral Home 3818	Ress Roland Ave.	W 2 1 1982	A CONTROL

And the latest trees of the second and the second s Tal free (05 radiotestes) tandle (05 tandles 30) candidat international and the contract of th A.A.ber Jeites Vindral. Hore Jolo Kolana ave. UNN 2 1 1982

FOR STATE REGISTRAR	DEPARTA	AEN!
1 DECEASED NAME FRST (TYPE OR PRINT) Catheri	ne S. Lawrence	
3 SEX	4 RACE	5.1
Female	White	
TO BIRTHPLACE (STATE OR FOREIGN	76 CITIZEN OF WHAT COUNTRY?	8

STATE OF MARYLAND T OF HEALTH AND MENTAL HYGIENE

	REGISTRAR		CERTIFICATE OF DEATH	REG. N	0	
	1 DECEASED NAME FIRST	MIDDLE	LAST	20. DATE OF DEATH	MONTH DAY YEAR	26 HOUR
		ne S. Lawrence		-	6-27-82	19:45 1
ď	3 SEX	4 RACE	5. DATE OF BIRTH	6 AGE (IN YEARS LAST BIR	THDAY) IF UNDER I YEA	AR IF UNDER 24 HRS
0	Female	White	10/23/09 YEAR	72	YRS MONTHS DAY	S HOURS MIN.
Ý	TO BIRTHPLACE (STATE OR FOREIGN	76 CITIZEN OF WHAT COUNTRY?	MARRIED NEVER MARRIED	9 BALTIMORE CITY O	R COUNTY OF DEATH	
	NEW VERSEY	U.S.A.	WIDOWED DIVORCED		MOREC	ITY MD.
Ø	10 CITY OR TOWN OF DEATH	IF NOT IN SUCH FACILITY, GIVE STREET	G HOME OR OTHER INSTITUTION	120 USUAL OCCUPATE	ON 126 KIND	
1	BALTO CITY		NES HOSPITAL			-
5	USUAL RESIDENCE (IF NURSING HOLE OR 130. STATE HAD COUN	OTHER INSTITUTION GIVE RESIDENCE BEFORE 13c CITY OR TOWN	ADMISSION) N 136. INSIDE CITY LIMITS?	13e STREET ADDRESS		
		TIMORE	YES NO D	129 ARBU	TUS AVE	= 21228
1	14 FATHER'S NAME FIRST	MIDDLE LAST	15 MOTHER'S MAIDEN N	AME		AST
1	PERCIVAL	5NYD			CO	USE
7	160 WAS DECEASED EVER IN U.S. AR	MED FORCES? 166 SOCIAL SECUL	RITY NO 17 INFORMANT	ACOLLIER IS	SS 19AMBUTU	SAVE
9	NO	217-00	1303 MISINAL KICK	7,0	213	128
	18 CAUSE OF DEATH Enter on PART I. DEATH WAS CAUSE	ly ane cause per lipe far (al, (b), and	fice.		APPRC BETWEE	N ONSET AND DEATH
9	4349 IMMEDIAT	E CAUSE (a) Ceretor	al Ingazeri	on		
	1-7/	DUE TO, OR AS A CONSEQUE	NCE OF			
-	Canditians, if any, which	(1b)				
1	gave rise to immediate cause (a), stating the	DUE TO, OR AS A CONSEQUE	NCE OF			
	underlying couse last.	(c)				
	PART 2. OTHER SIGNIFICANT C	ONDITIONS CONTRIBUTING TO D	EATH BUT NOT RELATED TO THE TER	() -	DITION GIVEN IN PART	l a
	190 DATE OF OPERATION 210. ACCIDENT WAS UNDERLYING	TC CUICINOT	ma of the a	oten		
2	190 DATE OF OPERATION	196 CONDITION FOR WHICH	OPERATION WAS PERFORMED	20a AUTOPSY?	206. IF YES, WERE FINE IN CERTIFYING CAUS	
8	E .			YES NO	YES 🗌	NO 🗌
7	DO CONTRIBUTING CONCERNA	Transport to the second to the	Y YEAR 216 HOW INJURY OCCU	RRED (ENTER NATURE OF INJUI	RY IN ITEM 18 PART I OR PART 2)
	4	P.M.	19			
1	21d INJURY OCCURRED	21e PLACE OF INJURY (AT HOME STREET FACTORY, OFFICE, FA	ARM, ETC.) 211 LOCATION STREET	CITY OR TO	OWN COUNTY	STATE
1	AT WORK AT WORK	100	1111 01	110-	7 02	
1	220.1 certify that (1) (this haspit saw the deceased alive an	1 10 0	7 10 19 82	10 6/2		L, that (I) (we) last
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	PHYSICIAN'S NAME (TYPE OF	DILLO 6	11e ADDRESS	1+0 11-0	DITAL	
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	230 BURIAL, CREMATION, REMOVAL	1 2 2 4 2 4 - 1 7 3 - 1	AME OF CEMETERY OR CREMATORY	23d LOCATION	A COUNTY	STATE
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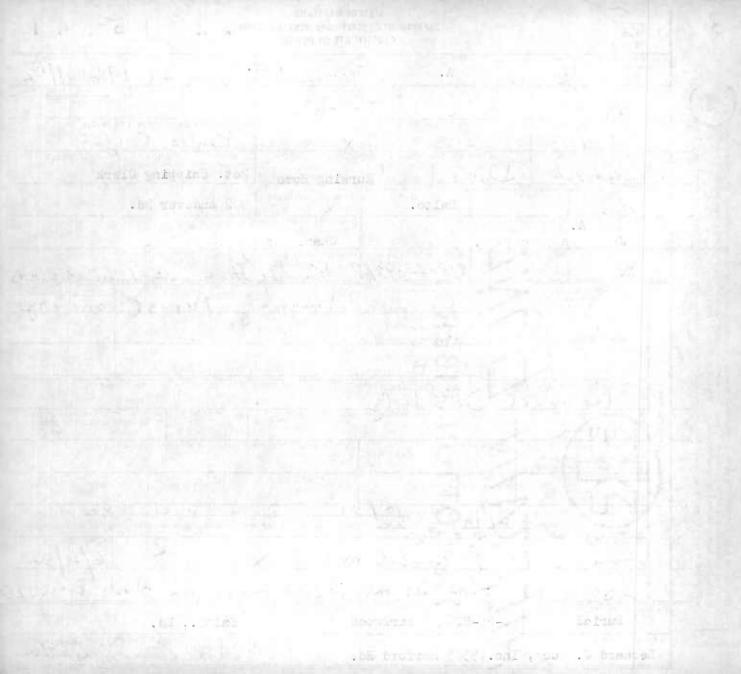
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JULY 1-1400 LORRAINE PARK FARLEY FUNERAL HOME FREDERICHARDUE 6 1982

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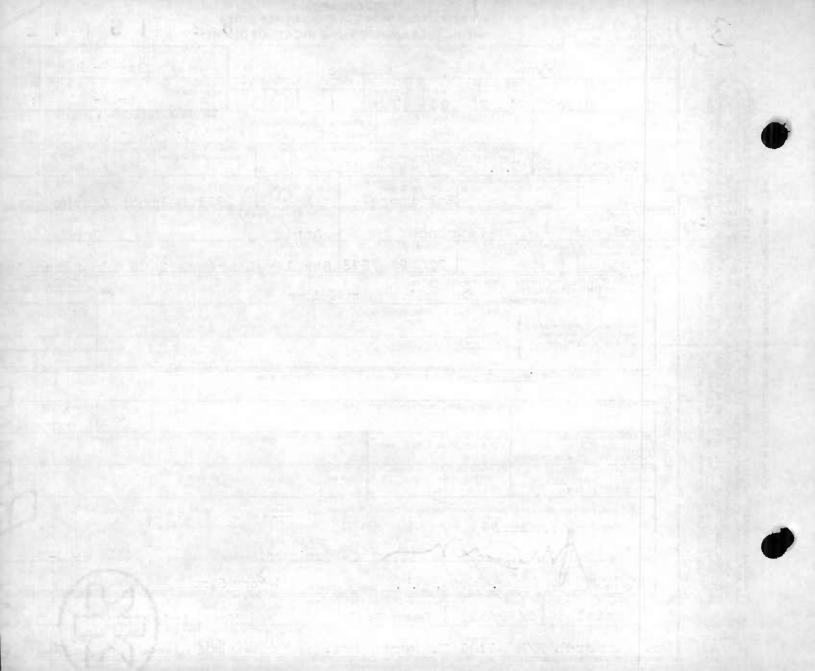
		100		STATE OF MARYLAN			
4	1.	FOR STATE REGISTRAR		DEPARTMENT OF HEALTH AND M CERTIFICATE OF DE		15	1 4 0
pe pe	I. DE	CEASED NAME FIRST	MIDDLE	LAWRENCE	20. DATE OF DEATH		26. HOUR 11 21 AM
4 mo	1.58	Temale	4 RACE	5. DATE OF BIRTH MONTH DAY	YEAR 80		
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S offer d	10 €	BALTO. CITY	(IF NOT IN SUCH ENCILITY	L, NURSING HOME OR OTHER INSTIT GIVE STREET ADDRESS)	TUTION 12a USUAL OCCUPA (TYPE OF WORK FOR MOS	TION 176 KIN 1 OF WORKING LIFE) INDUS	ND OF BUSINESS OR
filled in 24 hour	13a	STATE 136 C	ME OR OTHER INSTITUTION, GIVE RESID	Y OR TOWN 13d INSIDE CIT		S	-
mpletely and 2 sh	14 F	William	_MIDDLE	LAST V 15 MOTHER'S	MAIDEN NAME RST MIDDLE	VALUE OF THE PROPERTY OF THE P	e last
n and co		VAS DECEASED EVER IN U.S.		CIAL SECURITY NO. 17 INFORMAN - 26-6803 MS		12 OLD Edi	mondson
ING PHYSICIAN: The law requires that the death certificate be executed within 24 hours catending physician. When this certificate has been signed by the attending physician and completely filled in the ast the buriel-stronsit permit. Then please remove corbon papers. Pages Land 2 should be fit than admental Hygiene prior to buriol, cremation, or removal. The page of the please remove corbon papers. Pages Land 2 should be fit and Mental Hygiene prior to buriol, cremation, or removal.	7	PART I. DEATH WAS CA IMMED 2030 Conditions, if any, which gave rise to immediate cause a stating the underlying cause last	DUE TO, OR AS A C	diopulmona onsequence of / new	y arrest yeloma o the terminal disease or co		PROXIMATE PATERVAL VEEN ONSET AND DEATH
The low required has been signed to the prior to shows only injury.	CERTIFICATION	190 DATE OF OPERATION	196 CONDITION FO	DR WHICH OPERATION WAS PERFORA	MED 200 AUTOPSY?	206. IF YES, WERE FIN IN CERTIFYING CAU	NDINGS USED USES OF DEATH? NO
HYSICIAN: T HYSICIAN: T his certificate t buriol/transis a Mental Hygi at Mental Hygi at Item 18 sh	MEDICAL CER	21a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE O (IF EITHER NOTHY MEDICAL EXAM 21d INJURY OCCURRED	F DEATH HOUR A.M. MC	ONTH DAY YEAR	URY OCCURRED (ENTER NATURE OF IN	-	
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PRESTON ST.	TEM 18. ONG W PERMIT.		PARTIDE	ATH WAS CAUSE	ATE CAUSE (o)_	Cor	ngestive	heart	failure					
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RECORDS	WER: THIS CERTIFICATE SHOULD BE EXECUTED WITHIN 24 HOUR CATE, WRITING THE WORD. "PENDING", IN PEROLI, IN ITEM 18, CARE, WAGED TO THE CHIEF MEDICAL EXAMINER ALONG W OR: PAGE 3 SHOULD BE USED AS A BURIAL-TRANSIT PERMIT. THE STATE DEPARTMENT OF HEALTH AND MENTAL HYGIENE, D IND, 21201 PRIOR TO BURIAL, CREMATION, OR REMOVAL.		PART 2 OTHER SI	GNIFICANT CONDITION	CONTRIBUTING TO	DEATH BUT	NOT RELATED TO THE T	ERMINAL DISEASE	OR CONDITION GIVEN IN P	ART I to).	Colony I			
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	EXAMINER: CERTIFICATE ULD BE FOR L DIRECTOR: 1, WITH THE S MARYLAND,		death result	ed fram: Natu	ural causes XX	, Ac	cident	Suicide	, Homicide	Undetermined mo	nner .			
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	AL HE		ACTUAL SIGNATURE.	AW	N	X	1	M	o Assistan	MEDICAL EXAM	INER	DATE	6-24-	-82
	NE SING	1	EXAMINER'S	NAME \		6.	M 5		444					
	TO MEDICAL EXAMIN EXECUTE THE CERTIFIC PAGE 4 SHOULD BE FOR FUNCE TO FUNERAL DIRECT AFTER DEATH, WITH THE SHOWN ONE, MARYLAIL		(TYPE OR PRI	NT)	Ann M.	DIXC			ND NEGO	Penn Stree	T			
1001	F07549	23a.	SPECIFY)	TION, REMOVAL			23c NAME OF		RCREMATORY	23d. LOCATION CITY OR TOWN		COUNT	Y	STATE
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20M 4/82



STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE MEDICAL EXAMINER'S CERTIFICATE OF REGISTRAR DECEASED NAME 20 DATE KNOWN (X) MONTH (TYPE OR PRINT) ESTI-J. 10 82 LAWSON DEATH MATED MICHAEL 6 5. DATE OF BIRTH 6. AGE (IN YEARS | IF UNDER 1 YR. IF UNDER 24 HRS 2c DATE PRONOUNCED Male White 19 82 5a M 10/20/65 16 THE CITIZEN OF WHAT COUNTRY? BIRTHPLACE ISTATE OR **9 BALTIMORE CITY OR COUNTY OF DEATH** MARRIED NEVER MARRIED Baltimore, Md. U. S. A. Baltimore City WIDOWED -DIVORCED 126 USUAL OCCUPATION (TYPE OF WORK 11. NAME OF HOSPITAL, NURSING HOME, OR OTHER INSTITUTION 126 KIND OF BUSINESS Baltimore (harbor) Boston St. & Montford Ave. Student USUAL RESIDENCE (IF IN NURSING HOME OR OTHER INSTITUTION GIVE RESIDENCE BEFORE ADMISSION) | 13d | MSIDE (ITY LIMITS? | 13e STREET ADDRESS | 136 S. Bouldin Street Baltimore 13b COUNTY Md. 14 FATHER'S NAME 15. MOTHER'S MAIDEN NAME Franklin Lawson Dorothu DIVISION OF 60 WAS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SECURITY NO Mrs. Dorothy M. Hicks-Md. 21224 18. CAUSE OF DEATH (Enter only one cause per line far (a), (b), and (c).) BETWEEN ONSET AND DEATH PART I DEATH WAS CAUSED BY: IMMEDIATE CAUSE (0) Drown ind DUE TO, OR AS A CONSEQUENCE OF Conditions, if any, which gove rise to immediate cause (a) stating the under-DUE TO, OR AS A CONSEQUENCE OF FICATE, WALLEST THE CONTROLL OF A SA POST OF THE STATE DEPARTMENT OF HEALTH AND MEN' HE STATE DEPARTMENT OF HEALTH AND MEN' THE STATE DEPARTMENT OF BURIAL, CREMATION, O' lying cause last. PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (a) 190 DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED? 20 AUTOPSY? YES X NO T 21a EXTERNAL CAUSE WAS 216. TIME OF INJURY 21c HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2 HOUR A.M. MONTH DAY YEAR UNDERLYING DOR CONTRIBUTING CAUSE OF DEATH 4 xBx 6-27- 1982 Subject drowned 21e PLACE OF INJURY (AT HOME. 21d IN JURY OCCURRED 211 LOCATION TO MEDICAL EXAMINER: THIS CEI EXECUTE THE CERTIFICATE, WRITH PAGE A BHOULD BE FORWARDED TO FUNERAL DIRECTOR: PAGE 3 AFTER DEATH, WITH THE STATE DE BALTIMORE, MARY[CAND, 21301 P STREET, FACTORY, FARM, ETC.) WHILE AT WORK Boston St. & Montford Ave. Balto. City harbor 22a I certify that I taak charge of the remains described above, held an Accident X death resulted frame Natural causes Homicide Undetermined monner TITLE (SPECIFY) ACTUAL DATE SIGNED 6-27-82 SIGNATURE. M.D. Assistant MEDICAL EXAMINER 111 Penn St., Balto., Md. 21201 EXAMINER'S NAME Ann M. Dixon. M.D. (TYPE OR PRINT) 23c. NAME OF CEMETERY OR CREMATORY 230 BURIAL, CREMATION, REMOVAL 236. DATE Bal'timore, Maryland Burial 6/30/82 Oak Lawn Cemetery 250. DATE REC'D. BY REGISTRAR 255. REGISTRAR'S SIGNALUM John St. Moran, Vica 24 FUNERAL DIRECTOR **DHMH - 17** 3000 E. Baltimore St (VR A15 ME (5)) 20M 4/B2

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1 - STATE REGISTRAR STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE 8
CERTIFICATE OF DEATH

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DEPARTMENT OF HEALTH AND MENTAL HYGIENE

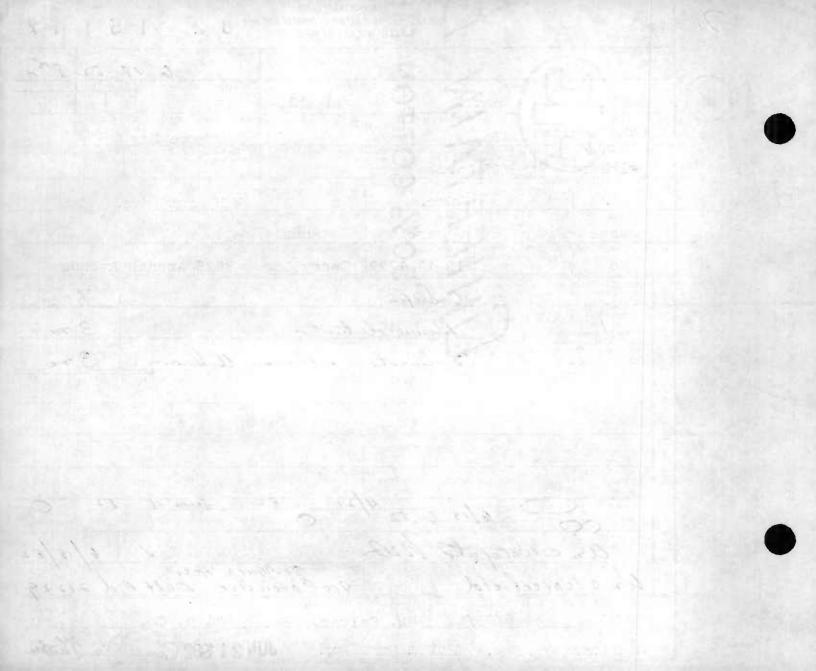
REGISTRAR				CERTIF	ICATE OF	DEATH	REG. N	0.		
I. DECEASED NAME	Charl		E.		EE.			1982	DAY YEAR	26 HOUR
3 SEX		4 RACE		S. DATE O			6. AGE (IN YEARS LAST BIR		IF UNDER 1 YEAR	M.
Male		Blac	ck	MONTH		15**	67		MONTHS DAYS	HOURS MIN.
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Will		MIDDLE	LAST		15. MOTHER	S MAIDEN NAM Jennie	e Fouto		Lee	
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	h Piszcz			ı E			and General	Hosp	ital	
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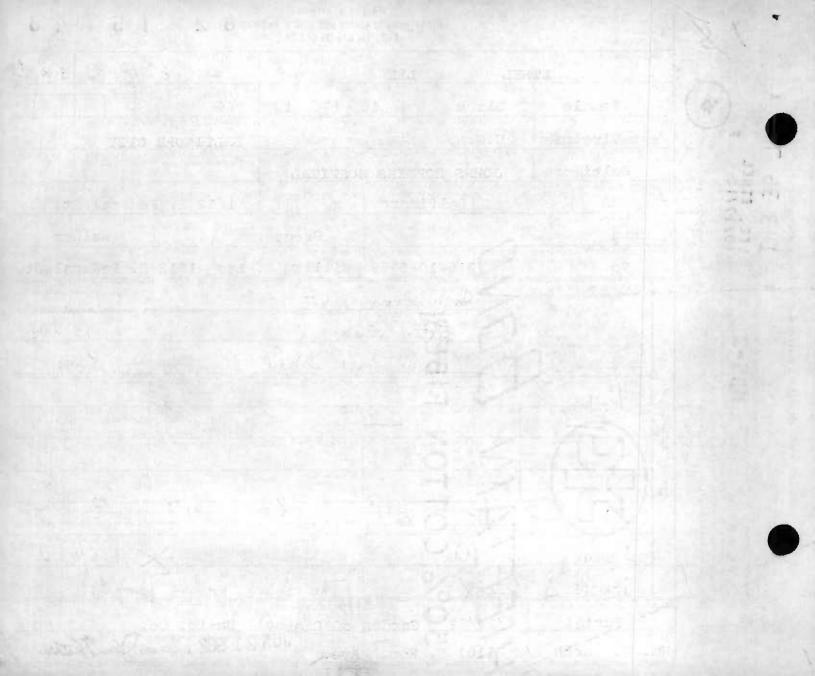
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74 FUNERAL DIRECTOR
Wm • C • N 1101 * North Ave. March F/H

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ETHEL LEE 3. SEX Female Black 10 17 12 6. AGE (INTERNALLANT MONTH DAY YEAR OF DATE) Female Black To 17 12 76. BIRTHPLACE (STATE OR FOREIGN ON COUNTY) West Virginia U.S.A. WIDOWED DIVORCED BALTIMORE CITY WIDOWED DIVORCED BALTIMORE CITY 10. CITY OR TOWN OF DEATH 11. INAME OF HOSPITAL (PRIOT IN SUCHEACHTY, GIVE STREET ADDRESS) BALTIMORE CITY 12. USUAL OCCUPATION (TYPE OF WORKFOR MOST OF WORKFOR GIVE) BALTIMORE CITY BALTIMORE CITY 12. USUAL OCCUPATION (TYPE OF WORKFOR MOST OF WORKFOR GIVE) BALTIMORE CITY 12. USUAL OCCUPATION (TYPE OF WORKFOR MOST OF WORKFOR GIVE) BALTIMORE CITY 12. USUAL OCCUPATION (TYPE OF WORKFOR MOST OF WORKFOR GIVE) BALTIMORE CITY BALTIMORE CITY 12. USUAL OCCUPATION (TYPE OF WORKFOR MOST OF WORKFOR GIVE) BALTIMORE 13. STREET ADDRESS 16. 12. Federal St Walke 15. MOTHER'S MADE WAS TREET MODILE FROST Grace Walke 16. CAUSE OF DEATH HENDER OF MEAN OR DATES 16. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. WAS DECEASED EVER IN U.S. ARMED FORCE	2 5 4 8	STATE OF MARYLAND MENT OF HEALTH AND MENTAL HYGI CERTIFICATE OF DEATH	DEPARTM	FOR - STATE REGISTRAR	1 -	1	1	•
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Burial 6/24/82 Garden of Eternal Balto. Co.	alto. Co. MD	arden of Eternal	6/24/82 Ga	Burial			OBP	DUC
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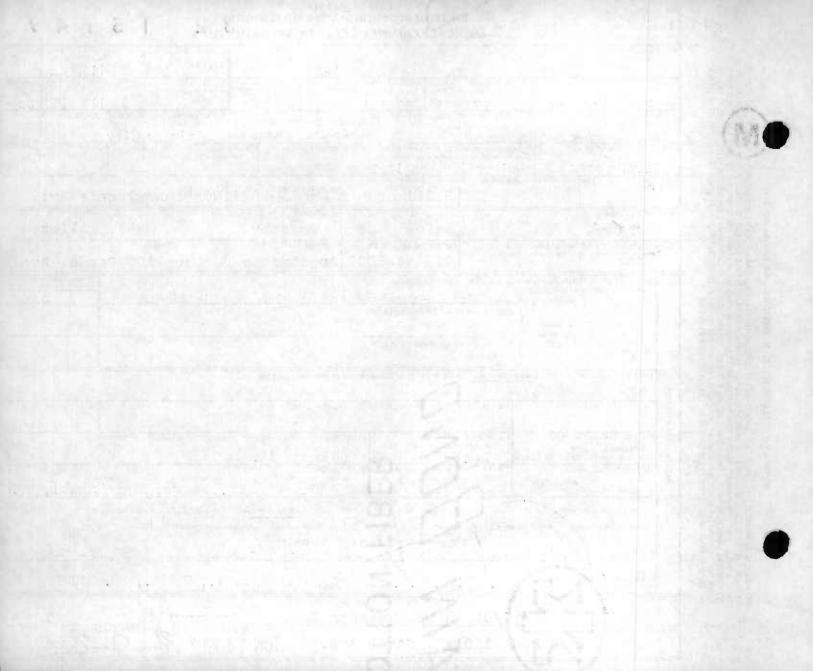
DEPARTMENT OF HEALTH AND MENTAL HYGIENE STATE REGISTRAR 1. DECEASED NAME 20. DATE KNOWN TO (TYPE OF PRINT) ESTI-DEATH MATED 1982 JAMES FF 3 SEX 4 RACE AGE LIN YEARS IF UNDER 1 YR IF UNDER 24 HRS DATE 2d HOUR LAST BIRTHDAY) MONTHS PRONOLINCED DEAD 1982 бам Male Black 48 9. BALTIMORE CITY OR COUNTY OF DEATH To BIRTHPLACE IS MARRIED INEVER MARRIED MD USA WIDOWED [DIVORCED Baltimore City 10 CITY OR TOWN OF DEATH 20. USUAL OCCUPATION LTYPE OF WORK 12b. KIND OF BUSINESS 11 NAME OF HOSPITAL NURSING HOME OR OTHER INSTITUTION OR INDUSTRY FOR MOST OF WORKING LIFE). University Hospital Baltimore USUAL RESIDENCE (IF IN NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) 13. JREEL ADDRESS Pennsylvania Ave. 130 STATE 136 COUNTY Baltimore 13d. INSIDE CITY LIMITS? YES X NO [14 FATHER'S NAME 15 MOTHER'S MAIDEN NAME MIDDLE TIER. Dorothy Miller David 16e. WAS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SECURITY NO. 17 INFORMANT ADDRESS (YES, NO, OR UNKNOWN) 215-46-5002 Angetnette V. Lee 1100 Penna. Ave. 18 CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) BETWEEN ONSET AND DEATH PART I DEATH WAS CAUSED BY IMMEDIATE CAUSE (6) Cranio-cerebral trauma with complications DUE TO, OR AS A CONSEQUENCE OF Conditions, if any, which gave rise to immediate cause (a) stating the under-DUE TO, OR AS A CONSEQUENCE OF lying couse last. PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (a) 190 DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED? 20 AUTOPSY? FORWARDED TO THE CHIE

OR: PAGE 3 SHOULD BE US

THE STATE DEPARTMENT OF

ND, 21 201 PRIOR TO BURIA YES [NO L 21a EXTERNAL CAUSE WAS 216. TIME OF INJURY 21c. HOW INJURY OCCURRED LENTER NATURE OF INJURY IN ITEM TO PART 1 OR PART 2) HOUR A.M. MONTH DAY YEAR UNDERLYING KOR ? P.M. 5-22-19 82 Subject fell. CONTRIBUTING CAUSE OF DEATH 216 PLACE OF INJURY LATHOME IL LOCATION 214 INJURY OCCURRED STREET, FACTORY, FARM, ETC.) WHILE D NOT WHILE AT WORK 8227 Stewarton Ct., Severn. Anne Arundel. house Inspection X forme of the remains described obave, held an EXECUTE THE CERTIFIC PAGE 4 SHOULD BE F TO FUNERAL DIRECTO AFTER DEATH, WITH THE BALTIMORE, MARYLAI death resulted fram A Suicide Homicide Undetermined manner mural causes TITLE (SPECIFY) DATE SIGNED 6-11-82 M.D. Deputy Chiafdical EXAMINER SIGNATURE EXAMINER'S NAME Thomas D. Smith. M.D. 111 Penn St., Balto., Md. 21201 230 BURIAL, CREMATION, REMOVAL 236 DATE 23d. LOCATION STATE 6/17/82 MD Burial Md. Veteran Cem. Crownsville 24. FUNERAL DIRECTOR 25a. DATE REC'D. BY REGISTRAR 256-REGISTRAR'S SIGNATURE **DHMH - 17** 1101 E. North Ave. C. March F/H (VR A15 ME (5))

20M 4/B2

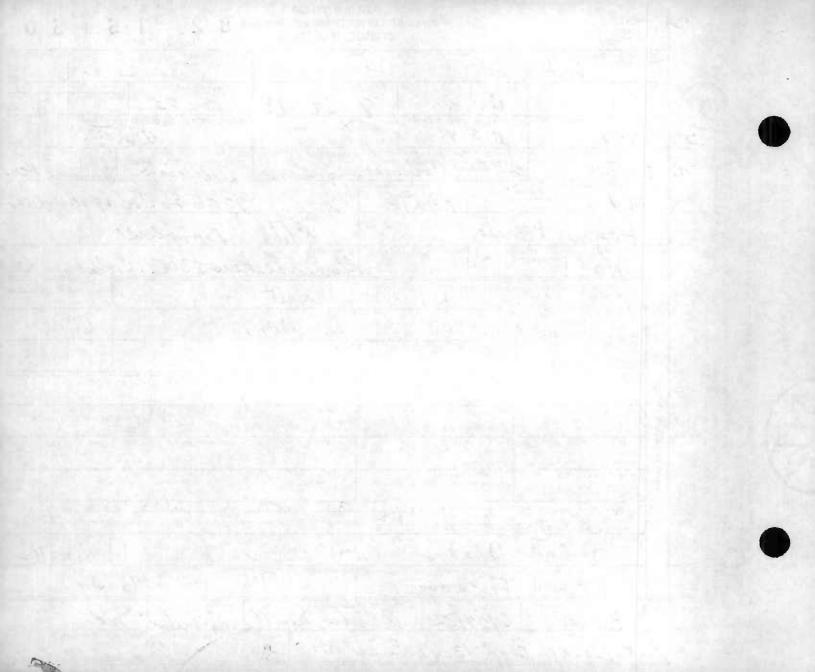


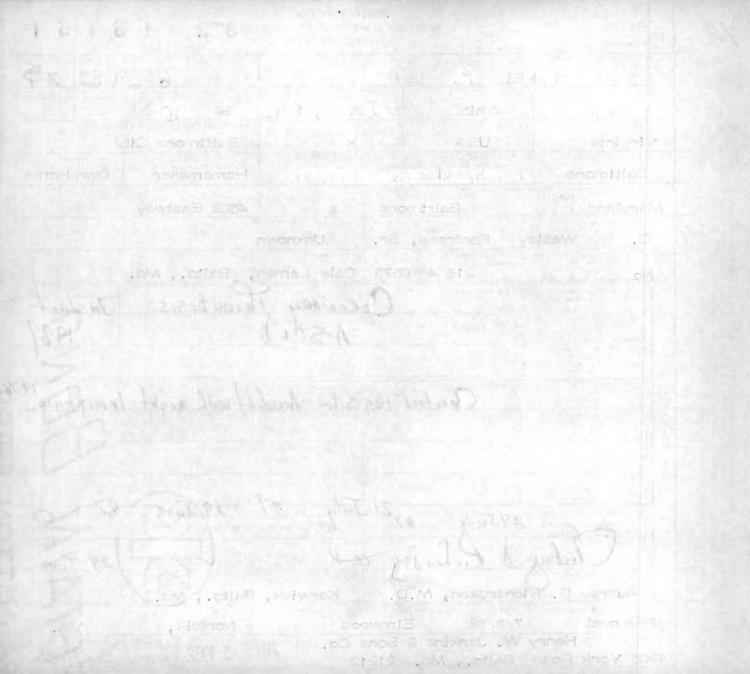
FOR

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STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE R





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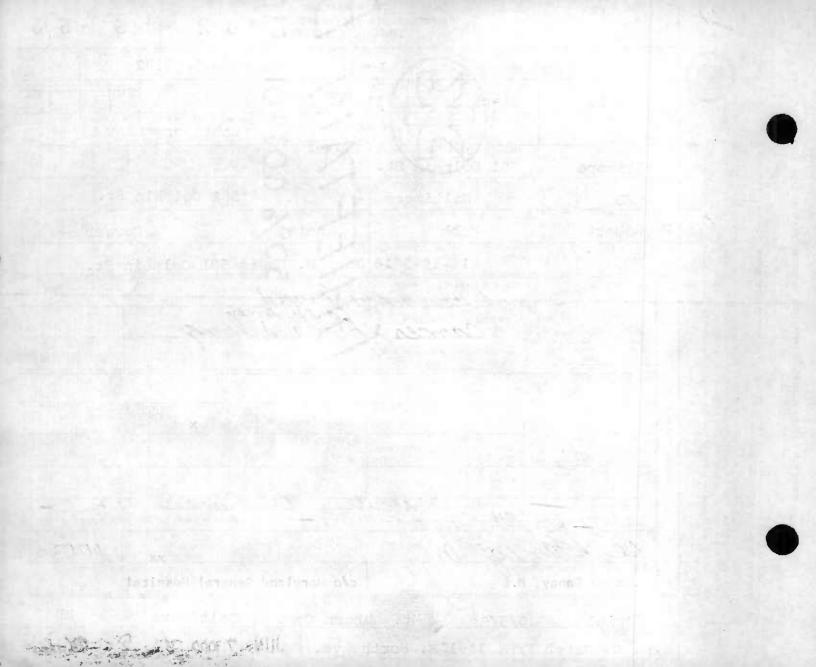
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6 AGE (IN YEARS LAST BIRTHDAY) IF UNDER LYEAR IF UNDER 24 HRS 9 BALTIMORE CITY OR COUNTY OF DEATH Baltimore City 12a USUAL OCCUPATION 12b KIND OF BUSINESS OR TYPE OF WORK FOR MOST OF WORKING LIFET 13e STE 01DD Bolphin St. Bowser ADDRESS John H. Lewis 501 Dolphin St. RETWEEN CHOSE WITERVAL PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART LIG 206 IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? YES T NO F 21c HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) CITY OR TOWN COUNTY STATE toursopinion death acturred on the date and hour and from the couses stated 22c DATE SIGNED 6/2/82 DIRECTOR PHYSICIAN c/o Maryland General Hospital MD STATE Baltimore Burial 6/5/82 Mt. Auburn Cem, REC'D. BY REGISTRAR 256 REGISTRAR'S SIGNAT 24 FUNERAL DIRECTOR Wm. C. March F/H 1101 E. North Ave.

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

CERTIFICATE OF DEATH

REG. NO



1	1.	FOR STATE REGISTRAR	DEPARTA	MENT OF HEA	F MARYLAND LTH AND MENTAL HYG ATE OF DEATH	GIENE 8 2 REG. NO.	5 1 5 4
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orthing 2 sh	14 F/	ATHER'S NAME	MIDDLE LAST	15	MOTHER'S MAIDEN NA		
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DIVISION OF VITAL RECORDS, 201 ING PHYSICIAN: The low requires the cattending physicion. Wher this certificate has been signed to as the burial-transit permit. Then plea the and Mental Hygiene prior to burial, orked ar them 18 shows any injury, ar a corked ar them 18 shows any injury, ar and a corked ar them 18 shows any injury, ar a corked ar them 18 shows any injury, ar a corked ar them 18 shows any injury, ar a corked ar them 18 shows any injury, ar a corked ar them 18 shows any injury, ar a corked ar them 18 shows any injury, ar a corked ar them 18 shows any injury, ar a corked ar them 18 shows any injury, ar a corked ar them.		210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DE	ATH HOUR A.M. MONTH DA	Y YEAR	16 HOW INJURY OCCUR	RED (ENTER NATURE OF INJURY IN ITEM 18 P	ART I OR PART 2)
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ATTENDIN spital or CTOR. Affor use a of Health		22a.1 certify that (1) (this hospi saw the deceased alive on abave. 2) (we) (did) (d.2)	June 12,	June 1	hat in (XX(aur) apinian	death occurred on the date and hav	19 82 those II (we) lost and from the causes stated
SPITAL OR A by the horner of t		274 PHYSICIAN'S NAME INVESTIGATION	Ruthowsk	m.	ATTENDING PHYSICIAN [MEDICAL STAFF DIRECTOR PHYSICIAN	June 12, 1982
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(VRA 15, 4)	Wr	n. C. March E	F/H 1101 E. N	orth A	Ave. Ju	N 14 1987 Many	Jan Marth

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06-15-82

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STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

CERTIFICATE OF DEATH

Lewis

9 BALTIMORE CITY OR COUNTY OF DEATH BALTIMORE CITY 126 KIND OF BUSINESS OR INDUSTRY 2688 St. Benedict Street STALLENGER Randallstown, Md. Hyacinth L. Bracken 9210 Allenswood Rd ulac 20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? YES [NO [216 HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) COUNTY STATE and that in (my) (our) opinion death occurred on the date and haur and from the causes stated 221 DATE SIGNED DIRECTOR PHYSICIAN 23c. NAME OF CEMETERY OR CREMATORY 23d LOCATION ITY OR TOWN Loudon Park Baltimore City Maryland 250. DATE REC'D. BY REGISTRAR 256 REGISTRAR'S SIGNATURE 21229 Hubbard Funeral Home, Inc. 4107 Wilkens Ave.

20 DATE OF DEATH

MONTH

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26 HOUR

82

IF UNDER 1 YEAR

FOR

- STATE

TYPE OR PRINTI

REGISTRAR I. DECEASED NAME

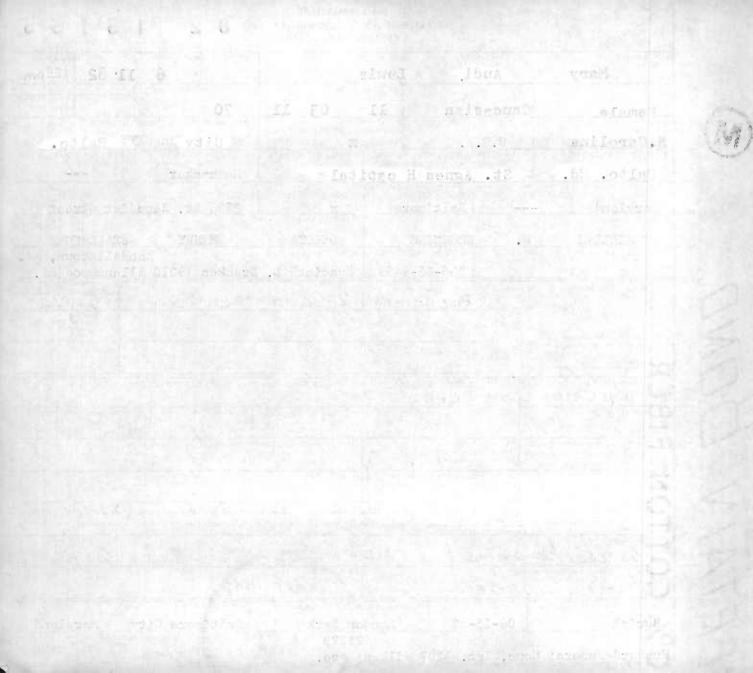
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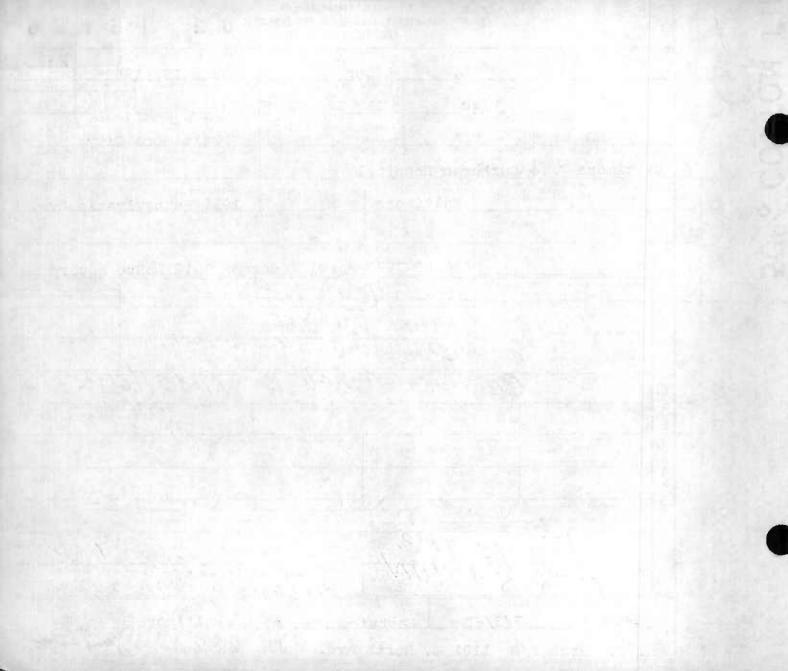
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DHMH - 16 50M 1/B1 (VRA 15, 4)

Burial

24 FUNERAL DIRECTOR





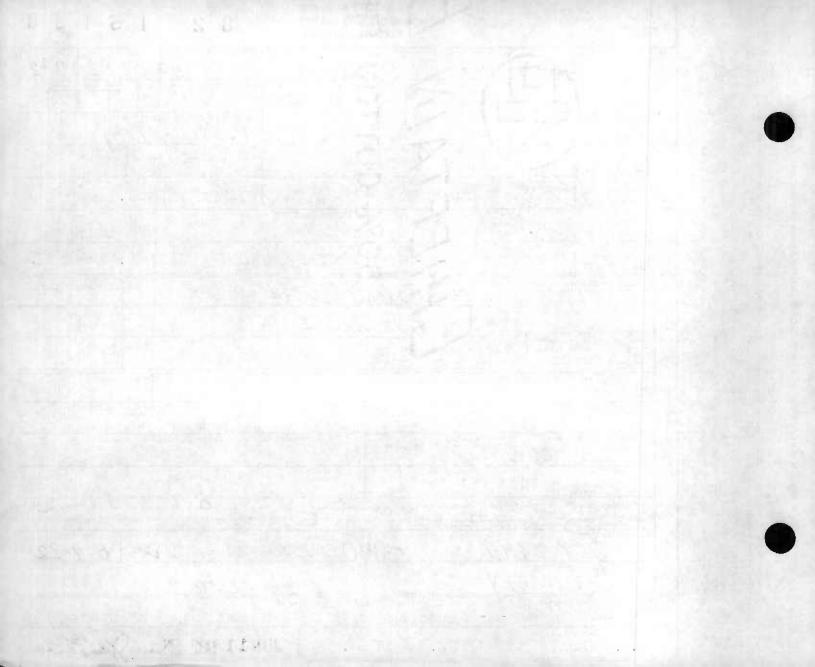
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STATE OF MARYLAND



STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE REGISTRAR REG. NO 20. DATE KNOWN L DECEASED NAME MONTH (TYPE OR PRINT) ESTI-OF 6 DEATH MATED Vernon Lee Lomax 1 RACE DATE OF BIRTH & AGE (IN YEARS | IF UNDER 1 YR. IELINDER 24 HRS 24. HOUR DATE YEAR LAST BIRTHDAY) | MONTHS 11:20 PRONOUNCED 19 82 3 50 DEAD 32 Male a. BIRTHPLACE (STATE OR 76. CITIZEN OF WHAT COUNTRY? 9. BALTIMORE CITY OR COUNTY OF DEATH MARRIED X NEVER MARRIED FOREIGN COUNTRY Baltimore City U.S.A. MD WIDOWED [DIVORCED 120. USUAL OCCUPATION (TYPE OF WORK 126 KIND OF BUSINESS 11 NAME OF HOSPITAL NURSING HOME, OR OTHER INSTITUTION IB. CITY OR TOWN OF DEATH Johns Hopkins Hospital FOR MOST OF WORKING LIFES Baltimore I DE DEHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSIONI USUAL RESIDENCE HEIN NURSING M 13c. CITY OR TOWN 13d. INSIDE CITY LIMITS? 13e STREET ADDRESS MD Baltimore 108 Lycett Circle YESPE NO L 14 FATHER'S NAME 15. MOTHER'S MAIDEN NAME MIDDLE William Redman Lomax Margaret 7 INFORMANT ADDRESS 160. WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO. (YES, NO. OR UNKNOWN) N/A No Lillian P. Lomax 108 Lycett Cir 18 CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) BETWEEN ONSET AND DEATH PART I DEATH WAS CAUSED BY: Multiple Gunshot wounds IMMEDIATE CAUSE (a)_ DUE TO, OR AS A CONSEQUENCE OF Canditians, if any, which gave rise to immediate couse (a) stating the under-DUE TO, OR AS A CONSEQUENCE OF lying cause lost. PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 IG 190 DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED? 20. AUTOPSY? BURI YES K E 3 SHOULD BE I 210. EXTERNAL CAUSE WAS 216. TIME OF INJURY 216 HOW INJURY OCCURRED (ENTERNATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) HOUR XXX. MONTH UNDERLYING OR subject shot MEDICAL CONTRIBUTING CAUSE OF DEATH TIE PLACE OF INJURY 211 LOCATION STREET, FACTORY, FARM, ETC.) 900 Blk. N. Wolfe St. Baltimore City, Md. WHILE AT WORK X Inspection Inquiry and in my apinian 220 I certify that I took charge of the remains described above theld an Autopsy Homicide X PAGE 4 SHOULD BE 1 TO FUNERAL DIRECTO AFTER DEATH, WITH T Undetermined monner TITLE (SPECIFY) 6/18/82 M.D. Denuty SIGNATURE _MEDICAL EXAMINER EXAMINER'S NAME 111 Penn St., Baltimore, Md. 21201 Thomas D. Smith, M.D. 236 LOCATION 230 BURIAL, CREMATION, REMOVAL 236 DATE 23c. NAME OF CEMETERY OR CREMATORY STATE Balto. Calvary Cem. MD Burial 24 FUNERAL DIRECTOR **DHMH - 17** Wm. C. MarchF/H 1101 E. North Ave VR A15 ME (5)

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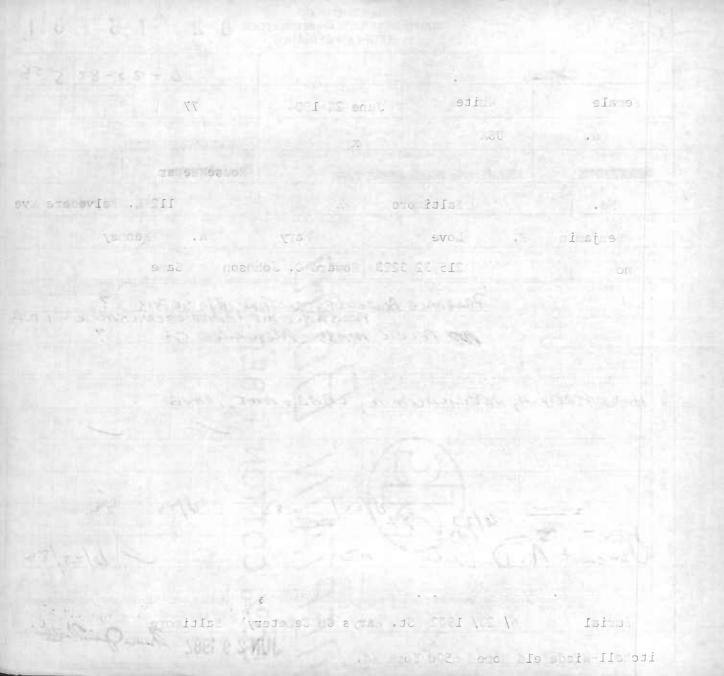
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AL RECC	CERTIFICATION	190 DATE OF OPERATION				WAS PERFORMED	YES NO	20b. IF YES		IDINGS USED SES OF DEATH?
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17/1		BURIAL, CREMATION, REMOVA (SPECIFY) Burial				EMETERY OR CREMATORY	CITY OF TOWN		COUNTY	STATE
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STATE OF MARYLAND



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/	1 DE	REGISTRAR MEDICAL EXAMINER'S CERTIFICATE OF DEATH REG. NO. 20. DATE KNOWN MODILE MODILE LAST 20. DATE KNOWN MODILE MODILE REG. NO.	DAY YEAR 26 HOU
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Beet Million and Million and Million		18 CAUSE OF DEATH (Enter only one cause per line far (a), (b), and (c).) PART DEATH WAS CAUSED BY:	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
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